

**California's Child and Family Services Review  
System Improvement Plan - Annual Update**

<b>County:</b>	<b>Shasta County</b>
<b>Responsible County Child Welfare Agency:</b>	Health and Human Services Agency, Children's Services
<b>Period of Plan:</b>	<b>October 30, 2010 – June 11, 2015</b>
<b>Period of Outcomes Data:</b>	<b>Quarter ending:</b> December 31, 2013
<b>Date Submitted</b>	June 12, 2014

**County System Improvement Plan Contact Person**

<b>Name:</b>	Children's Services / Christine O'Neill Probation / Ann Stow
<b>Title:</b>	Children's Services / Senior Staff Services Analyst Probation / Juvenile Division Director
<b>Address:</b>	Children's Services / 1313 Yuba St., Redding, CA 96001 Probation / 2680 Radio Lane, Redding, CA 96001
<b>Fax:</b>	530-225-5190
<b>Phone/Email:</b>	530-225-5876 / <a href="mailto:coneill@co.shasta.ca.us">coneill@co.shasta.ca.us</a> 530-225-5830 / <a href="mailto:astow@co.shasta.ca.us">astow@co.shasta.ca.us</a>

**Submitted by each agency for the children under its care**

<b>Submitted by:</b>	<b>County Child Welfare Agency Director (Lead Agency)</b>
<b>Name:</b>	<b>Maxine Wayda, L.C.S.W., Director, Children's Services</b>
<b>Signature:</b>	

<b>Submitted by:</b>	<b>County Chief Probation Officer</b>
<b>Name:</b>	<b>Tracie Neal, Chief Probation Officer</b>
<b>Signature:</b>	

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# California Child and Family Services Review

## System Improvement Plan Annual Update

**Shasta County**

**June 2014**



**Shasta County Health and Human Services Agency  
Children's Services**

**and**

**Shasta County Probation Department**

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Submitted to the:  
California Department of Social Services

Logged and received 6/16/14  
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JK

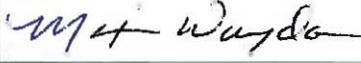
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**Shasta County System Improvement Plan Annual Update – 2014**

**Shasta County Health and Human Services Agency (HHSA)  
Children’s Services & Shasta County Probation Department**

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## **System Improvement Plan Annual Update - 2014 System Improvement Plan (SIP) Narrative**

The System Improvement Plan Annual Update – 2014 (SIP Annual Update) reports on the 2010 System Improvement Plan (SIP) as it was updated by the 2013 SIP Annual Update. The SIP is part of the C-CFSR process to assess whether child welfare services are achieving the desired outcomes through the identification and implementation of evidence-based or best-practice responses to areas needing improvement. The SIP was developed based on the findings of the County Self-Assessment (CSA), the Peer Quality Case Review (PQCR) and the Quarterly Outcome and Accountability Data Reports. Through delineation of improvement goals, strategies, milestones and timeframes the SIP identifies a series of quality improvement approaches to impact the child welfare outcomes identified as the focus of Shasta County. The process used for the SIP was a combination of quantitative analysis, qualitative information gathered from child welfare resource experts, County leadership, focus group input and literature reviews. The SIP was developed through a core committee that included participation by County and community members with periodic review by the Continuous Quality Improvement Committee. This collaborative group includes decision makers within County and community organizations as well as individual community stakeholders. As the C-CFSR is a continuous quality improvement model, Shasta County has worked toward continuing development of strategies to improve safety, permanency, and well-being of children.

The SIP seeks to combine three types of strategies to achieve the identified goals:

1. Evidence informed community based prevention activities;
2. Implementation of evidence-based practices in existing service activities; and
3. Child welfare practice enhancements.

### Evidence informed community based prevention activities:

The Shasta County Health and Human Services Agency Strategic Plan 2011-2020 includes an expanded prevention initiative called the Strengthening Families Community Collaborative focused on prevention of adverse childhood experiences. The Collaborative is working to increase community awareness of and engagement in preventing adverse childhood experiences and increasing protective factors among Shasta County families. Shasta County has a high number of adverse childhood experiences for many reasons including poverty, drug use, lack of employment opportunities and access to health care. Strengthening Families, as a framework for building community based activities, is a literature informed approach that focuses on building five protective factors that help parents to have the resources they need to parent effectively even when under stress. Research has shown that these protective factors are linked to a lower incidence of child abuse and neglect. Protective factors include parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children.

### Implementation of evidence-based practices in existing service activities:

The HHSA strives to utilize evidenced-based and, evidence-informed or child welfare best practice guidelines as part of its training, overall direction, and in our contracting process with community providers. Shasta County Children's Services (CS) has utilized or is in the process of implementing evidence-based practices, SafeCare®, Positive Parenting Program (Triple P®), Supporting Father Involvement (SFI), Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), Child and Adolescent Needs and Strengths (CANS), Structured Decision Making (SDM), and Motivational Interviewing (MI) to address child welfare outcomes. These evidence-based practices were or are being implemented in the context of existing service systems, including the differential response system, contracted services, family maintenance and reunification services, and foster parent training. A brief overview of each practice follows:

- SafeCare® is a parent-training curriculum for parents who are at-risk or have been reported for child maltreatment due to neglect. SafeCare® trained staff work with at-risk families in their home environments to improve parents' skills in several domains. Parents are taught, for example, how to plan and implement activities with their children, respond appropriately to child behaviors, improve home safety, and address health and safety issues.
- Positive Parenting Program (Triple-P®) is a multi-level system of parenting and family support. Its goals are to promote the independence and health of families through enhancement of parents' knowledge, skills, and confidence; to promote the development of safe, protective, and nurturing environments for children; to promote the development, growth, and social competence of young children; to reduce childhood behavioral and emotional problems and adolescent delinquency, substance abuse, and academic failure; to enhance the competence, resourcefulness, and self-sufficiency of parents in raising their children; and to reduce the incidence of child maltreatment.
- Supporting Father Involvement (SFI) is a family focused intervention aimed at effectively engaging fathers as a key participant in family support and strengthening. It is also a method of fostering organizational development and growth for agencies and professionals serving at-risk families.
- Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) is a therapeutic intervention designed to help children, adolescents, and their parents overcome the impact of traumatic events. It is designed to help with traumas related to sexual abuse, physical abuse, domestic abuse, community violence, unexpected death of a loved one, natural disaster, and war.
- Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.
- Structured Decision Making (SDM) is an approach to child protective services that uses clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect. Child and family needs and strengths are identified and considered in developing and monitoring progress toward a case plan.
- Motivational Interviewing (MI) focuses on exploring and resolving ambivalence and centers on motivational processes within the individual that facilitate change. The method differs from more "coercive" or externally--driven methods for motivating change as it does not impose change (that may be inconsistent with the person's own values, beliefs or wishes); but rather supports change in a manner congruent with the person's own values and concerns.

### Child Welfare practice enhancements

Practice enhancements have included both expanding and enhancing current practices and the introduction of some new strategies as identified below:

- Safety-organized practice (SOP) is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children. SOP employs standardized SDM assessment tools and social work practitioner tools.
- High Risk Team (HRT) was developed in response to requests from foster and adoptive parents. A specialized case manager and high-risk team focus on early identification of high-risk children. They work closely with care providers and social workers to access needed services.
- Family Team Meetings (FTM) involves families currently within, or at risk of becoming involved with, the child welfare or juvenile probation systems. A shared decision-making approach is used with families and their support systems as partners to define family strengths, needs and goals. This service also assists families to identify helpful local services and resources. The goal is for the team to share decision making.
- The Quality Parenting Initiative (QPI) began in 2009 as a collaborative effort with CDSS, the County Welfare Directors Association (CWDA) and the Youth Law Center with support from the Stuart, Walter S Johnson and David B. Gold Foundations. The goal of the initiative, formerly known as the Caregiver Recruitment and Retention Pilot, is to develop a statewide approach to recruiting and retaining high-quality caregivers to provide excellent care to children in California's Child Welfare System.
- Family Finding & Engagement includes methods and strategies to locate and engage relatives and non-related extended family members of families and children involved in the Child Welfare System. The goal of Family Finding & Engagement is identifying, finding, and engaging family members and other adults who care about a child placed in out-of-home care. Other adults may include friends, neighbors, mentors, school teachers, coaches, teammates, religious leaders, youth group leaders, and community supports.
- Linkages, a collaborative project between Children's Services and CalWORKs, that seeks to coordinate and integrate the activities of the two programs for individual families served in both programs into one integrated case plan. The benefit for families is reducing barriers to accomplishing case plan goals by the two service systems working more closely together and being able to leverage services from both systems into a plan to support the family's economic self-sufficiency and capacity to safely parent their children. Linkages system barriers have been reduced and capacity development has occurred.
- Practice improvements in collaboration with the Shasta County Blue Ribbon Committee, including meaningful participation in court by parents and youth. Parent Leaders participated in the Court Orientation that is mandatory for those entering Child Welfare Services. At this orientation, Parent Leaders sit on the panel and discuss their personal experiences of child welfare, as well offering encouragement to those entering services.

## Participation in New Initiatives

- Katie A.

The goal of Katie A. in Shasta County, HHSA/Children's Services has been to improve access to mental health services for children/youth in child welfare through timely screenings, evaluation and service delivery using the Core Practice Model guidelines. Since the implementation of Katie A. and the Core Practice Model in April of 2013, Children's Services has been working collaboratively with child welfare and mental health workers to ensure that every child with an open child welfare case receives a mental health screening upon entry. Children over age 5 that are not open to mental health services will receive an additional mental health screening at 90 days from entry and again annually. Children age 5 and under are screened annually using the Ages and Stages Questionnaire administered by a Public Health Nurse.

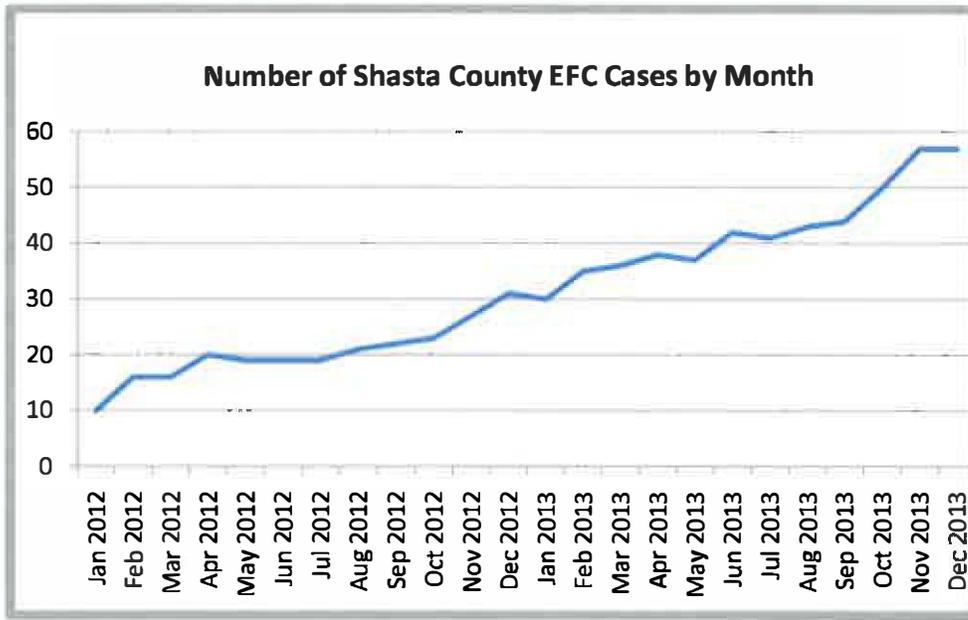
- Children's Services has completed Katie A. eligibility screenings for 192 children/youth and facilitated 54 Child and Family Team (CFT) meetings for those children/youth that meet Katie A. Subclass eligibility. As of April 2014 we currently have 62 children/youth in the Katie A. Subclass.
- Children's Services has completed 11 community outreach events with Organizational Providers, Community Service Groups, and local Court System to educate on Katie A, practice expectations, and gather feedback on practice improvements. Children's Services is a member of the State Katie A. Learning Collaborative and is partnering with the Chadwick Center to improve trauma informed practices in mental health and child welfare. As a member of the Learning Collaborative, Children's Services has worked collaboratively with other counties to share successes and challenges in implementing Katie A. in Shasta County.

- Extended Foster Care

The Federal Fostering Connections to Success and Increasing Adoptions Act of 2008 created an extension of federal funding for foster care services for non-minors ages 18-21. Effective January 1, 2012, California signed AB-12 to provide foster care benefits up to age 21. Amendments to legislation provided Kinship Guardianship Assistance Payment (KinGAP) and Adoption Assistance Program (AAP) benefits up to age 21. Federal Legislation created a new term for youth in Extended Foster Care - Non-Minor Dependent (NMD).

- Four basic eligibility requirements:
  - Have an order for foster care placement on his/her 18th birthday;
  - Continue under the jurisdiction of the juvenile court as a dependent, under transitional jurisdiction or as a ward;
  - Meet one of the five participation conditions; and
  - Agree to live in a supervised placement that is licensed or approved for 18 to 21 year olds (meet monthly with social worker or probation officer and participate in six-month review hearings).
- In order to receive EFC benefits after the age of 18, a NMD must meet ONE of the following participating requirements:
  - Working to complete high school or GED;
  - Enrolled in college, community college or a vocational education program;
  - Employed at least 80 hours a month (paid employment);
  - Participating in a program or activity designed to remove barriers to employment; or
  - Unable to do one of the above requirements because of a medical condition (short- or long-term medical or mental health condition as verified by a health practitioner).
- Placement options for NMD participating in extended foster care include:

- Relative or Non-Relative Extended Family Member (NREFM);
- Foster Family Home;
- Foster Family Agency (FFA) certified home;
- Non-related legal guardian (approved by the juvenile court);
- Group Home (on a limited basis);
- THP-Plus Foster Care;
- Supervised Independent Living Setting (SILP).



- Lean Six Sigma

Shasta County Health and Human Services Agency has made a commitment to utilize Lean Six Sigma efforts to improve the quality of services throughout the agency. As part of this effort every Branch, including Children’s Services dedicated two staff to implement the application of the principles of Lean Six Sigma to create value-based solutions. Lean Six Sigma is being utilized to encourage a county-wide culture of service excellence, continuous improvement and empirically based decision making as a means of improving quality, consistency, speed and cost of County Services.

- The Lean approach utilizes a set of standard tools and techniques to design, organize, and manage operations, support functions, providers, and clients. Lean techniques cut costs by eliminating waste of materials, time, activity, and errors. These reductions increase the quality of services provided.
- Six Sigma is both a project management framework as well as a set of statistical tools to aid in the solving of business problems.

Lean Six Sigma provides tools for organizations to monitor and validate project progress, while also increasing value and efficiency. This approach works toward a knowledge-based, empowered work force through the redefinition of middle management as enablers instead of enforcers. To establish a culture of continuous improvement, middle managers become facilitators of flexibility with the responsibilities to:

- Set achievable goals for their staff
- Provide staff with tools and skills (e.g., equipment and training) to perform their jobs successfully
- Remove barriers that prevent staff from succeeding, growing, and contributing.

Senior management establishes clear goals, middle management acts as an enabler, providing tools and removing barriers, front-line workers identify problems and provide

ideas for improvement. Children's Services has been increasing staff awareness about quality improvement efforts by doing presentations at unit and leadership team meetings. We have applied lean six sigma concepts to several of our business practices. These include policy development and training and contract development systems.

- Implementation Science

Shasta County Health and Human Services Agency has made a commitment to apply Implementation Science to aid in program development, implementation, and evaluation. To correct gaps between actual programs, interventions, innovations, or projects and how they are implemented in the field Implementation Science is an approach to ensure that innovative, promising or evidence-based practices/interventions utilize a reliable, supportive, and sustainable delivery system that maintains fidelity. We created the Implementation Science team to guide our application of Implementation Science. This team defined for Children's Services the four frameworks/components necessary to implement and sustain evidence based programs with fidelity:

- Stages of implementation - The four stages that every evidence based program should be evaluated at from start to finish.
  - Exploration - Major decisions are being made by leadership in respect to adoption of a new program/practice.
  - Installation - Key in this stage is to begin creating space and shifting the system.
  - Initial implementation - New components are being put into place, status quo gets challenged.
  - Full implementation - When full implementation is attained, the program or practice has become "business as usual" with high fidelity. It is during this stage that the program/practice is ready to be evaluated for implementation, processes and outcomes.
- Implementation Drivers - These are the critical organizational/infrastructure components necessary for successful implementation.
  - Competency drivers - Focus is on the development of competency and confidence in staff.
  - Organization drivers - Focus on factors and strategies that impact the organization and system's ability to support high quality performance from the all members of the organization.
  - Leadership drivers - Focus on the factors related to the leadership needed at many levels.
- Implementation Teams - Consist of three to five individuals who are accountable for ensuring implementation processes are created, supported, and adhered to. Team may bring on special expertise of key stakeholders depending on the current contextual needs.
- Improvement Process/Cycles - Once infrastructure is identified and built around the other three frameworks, the improvement process can be evaluated. Often times the Plan-Do-Study-Act assessment style is used to evaluate efforts.

We have created the Implementation Science teams for Katie A., Triple P, and Safety Organized Practice. We are in the process of creating a team for Family Finding & Engagement. These teams are charged with assessing each of these areas for their various stage of implementation and developing a plan to address gaps and/or challenges in current practice. To help these teams with their assessment we have developed checklists for each stage of implementation.

- Title IV-E Waiver Participation Exploration

Over the past two years Shasta County Health and Human Services Agency together with Shasta County Probation have committed staff resources to the review, analysis,

and evaluation of Title IV-E Waiver participation exploration. We created a Title IV-E Workgroup that included as key participants the Child Welfare Director, Probation Chief, Health and Human Services Business and Support Director, Probation Chief Fiscal Officer, Child Welfare and Probation program management staff, and Child Welfare analyst staff. We have participated in all State conference calls, webinars, trainings, and conferences; Casey Family Programs workgroups and technical assistance; and National webinars and trainings.

- The goals of Title IV-E Waiver potential participation are to:
    - Improve the array of services for children and families and engage families through a more individualized approach that emphasizes family involvement;
    - Increase child safety without an over reliance on out-of-home care;
    - Improve permanency outcomes and timelines; and
    - Improve child and family well-being
  - The desired outcomes of Title IV-E Waiver potential participation are:
    - Decreased entries;
    - Increased placement in most appropriate and least restrictive setting;
    - Decreased reentries;
    - Decreased recidivism; and
    - Increased child and family functioning.
  - We conducted focus groups with our Parent Leadership Advisory Group (PLAG), child welfare staff, and the Shasta Continuous Quality Improvement System Improvement Plan oversight committee. We developed and conducted a *Survey of Child Welfare Services and Supports Parents* and *Survey of Child Welfare Services and Supports Staff*. We completed the Health and Human Services Agencies Title IVE Program Planning Questionnaire.
  - Through the UC Berkeley California Child Welfare Indicators Project and the Chapin Hall Multistate Foster Care Data Archive we have we studied population, child welfare participation, and caseload trends; evaluated our outcomes data and areas needing improvement and analyzed length of stay and average days in care.
    - Shasta County's child population has been decreasing. From 2008 to 2012 Shasta's child population decreased by 6.1% as compared to the California average decrease in child population of 3.7%. Although child population has been decreasing Shasta's Allegation rate increased 21% from 2008 to 2012 as compared to the California average increase of 4.1%. For 2012 Shasta's Allegation rate at 92.1 was 1.7 times greater than the California average of 53.1. Shasta's Substantiation rate for 2012 at 19 was 2 times higher than the California average of 9.3 and Shasta's Entry rate at 9 was 2.6 times greater than the California average of 3.4. Shasta's Allegation, Substantiation, and Entry rates have consistently tracked significantly higher than the California average.
  - We convened additional workgroups to target specific programmatic areas:
    - Sober Living Program Workgroup
    - Placement Prevention Team Workgroup
    - Family Treatment Team – Engagement and Empowerment Workgroup
    - Permanent Plan Workgroup – Primary focus on Adoption
    - Group Home Workgroup
    - Safety Organized Practice Workgroup
- Utilizing U.S. Department of Health & Human Services/Administration for Children and Families technical assistance materials/tools and in-house developed Implementation Science tools each workgroup, in varying level, defined:
- Target population – specific child, placement, and family characteristics
  - Intervention identification
  - Intervention implementation planning
  - Logic model development

- Evaluation planning
- Cost benefit analysis

The intervention strategies identified were similar across a majority of the workgroups. We are in the process of adjusting the workgroups to be intervention strategy driven instead of programmatic area drive. For example, implementation and evaluation of Safety Organized Practice and Family Finding/Engagement were identified as critical intervention strategies for the Sober Living Program, Placement Prevention, Family Treatment Team, Permanent Plan, and Group Home workgroups. The Safety Organized Practice Implementation Science Team will work towards implementation and evaluation of Safety Organized Practice to meet the needs identified by all of the workgroups. Although Family Finding/Engagement is a part of Safety Organized Practice we have identified enough areas needing improvement to warrant a dedicated Implementation Science Team. The third area to work on is Resource Development Management. This includes:

- Youth capacity development
  - Care resources development
  - Continued Evidence-based Program identification/implementation
  - Staff training and development including:
    - Core Practice implementation
    - Quality Improvement
    - Quality Assurance
- Depending on the strategies that are selected to be implemented to deliver intensive home, community based services, and/or other services the well-being of children in foster care and probation will be measured by reducing the level of care of child welfare and probation foster care youth, reducing entry into care (keeping families together), reducing length of stay in foster care (increasing timely family reunifications), and reducing trauma symptoms and improving child adaptive function.
  - Although the final decision has yet to be made regarding Title IV-E Waiver participation, the programmatic/systemic review, assessment, and evaluation efforts will all be utilized as we move forward into this coming County Self-Assessment process.

There are five focus areas addressed in the SIP. Each focus area is individually addressed in the SIP matrices with strategies, milestones and timeframes. Some strategies are applicable to more than one focus area. The five focus areas are:

1. Strategies for prevention of child maltreatment
2. Strategies to reduce rate of foster care placement
3. Strategies to reduce time to reunification
4. Strategies to increase placement stability
5. Strategies to build more connections for youth in foster care to family/non-related persons with whom child has connections

**System Improvement Plan – 2013 (June 2013 – June 2014)**

<b>Goals</b>	<b>Strategies</b>	<b>Outcome Measures</b>
Prevention of Child Maltreatment	<ul style="list-style-type: none"> <li>▪ Community Collaborative</li> <li>▪ SafeCare® Differential Response</li> <li>▪ CBCAP Parent Leadership</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participation Rates: Referral Rates</li> <li>▪ Participation Rates: Substantiation Rates</li> <li>▪ S1.1 No Recurrence of Maltreatment</li> </ul>
Reduce Rate of Foster Care Placement	<ul style="list-style-type: none"> <li>▪ Family Finding</li> <li>▪ Family Team Meetings</li> <li>▪ SafeCare®</li> <li>▪ Safety Organized Practice (SDM and SOS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participation Rates: Entry Rates</li> <li>▪ Participation Rates: In-Care Rates</li> <li>▪ C1.4 Reentry Following Reunification (Exit Cohort)</li> </ul>
Reduce Time to Reunification	<ul style="list-style-type: none"> <li>▪ Father Finding and Engagement</li> <li>▪ Triple-P®</li> <li>▪ Linkages</li> <li>▪ SafeCare®</li> <li>▪ Decrease # of Continued Hearings</li> <li>▪ Participatory Case Planning (including Family Team Meetings, Safety Organized Practice)</li> </ul>	<ul style="list-style-type: none"> <li>▪ C1 Permanency Composite 1 Timeliness and Permanency of Reunification</li> <li>▪ C1.1 Reunification Within 12 Months (Exit Cohort)</li> <li>▪ C1.2 Median Time to Reunification (Exit Cohort)</li> <li>▪ C1.3 Reunification Within 12 Months (Entry Cohort)</li> <li>▪ C1.4 Reentry Following Reunification (Exit Cohort)</li> </ul>
Increase Placement Stability	<ul style="list-style-type: none"> <li>▪ Family Finding and Engagement</li> <li>▪ Support Services to Secondary Care Providers, (including Triple-P®, Participatory Case Planning, and High Risk Team)</li> </ul>	<ul style="list-style-type: none"> <li>▪ C.4 Permanency Composite 4 Placement Stability</li> <li>▪ C4.1 Placement Stability (8 days-12 month in care)</li> <li>▪ C4.2 Placement Stability (12 - 24 months in care)</li> <li>▪ C4.3 Placement Stability (24+ months in care)</li> </ul>
Build More Connections for Foster Youth in Care	<ul style="list-style-type: none"> <li>▪ Family Finding and Engagement,</li> <li>▪ Participatory Case Planning (including Transitional Independent Living Plan (TILP) and National Youth in Transition Database (NYTD) accuracy)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 4B: Least Restrictive Placement (Entries First Placement: Relative)</li> <li>▪ 4B: Least Restrictive Placement (Point in Time: Relative)</li> <li>▪ 8A: Permanency Connection with an Adult</li> </ul>

To analyze the progress of SIP 2013 this SIP Annual Update uses the Quarterly Outcome and Accountability Data Reports accessed via the CDSS website, <http://www.childsworld.ca.gov> or the University of California at Berkeley Center for Social Sciences Research Child Welfare Dynamic Report System, <http://cssr.berkeley.edu/cwscmsreports>.

## Focus Area #1 - SIP Component 1.0 - Prevention of Child Maltreatment

### Strategies & Progress 2013 (June 2013-June 2014):

- Community Collaboration toward Prevention of Adverse Childhood Experiences
  - Agencies in Shasta County have joined forces to address adverse childhood experiences (ACEs) in a systematic, deliberate and collaborative way. Shasta County has a high number of adverse childhood experiences (ACEs) for many reasons including poverty, drug use, lack of employment opportunities, low post-secondary educational attainment and access to health care. The strategic directions of the Collaborative toward the prevention of ACE are:
    - To increase community's capacity to ensure quality and effective linkage to appropriate services and develop county-wide procedures to improve access to services for children and families
    - To Increase protective factors; coordinate service systems; engage the community;
  - Strengthening Families educational tools were posted on the Shasta Strengthening Families website: <http://www.shastastrongfamilies.org/articles/>
    - Strengthening Families as a Platform for Collaboration
    - Core Meanings of Protective Factors
    - Strengthening Families for Practitioners
    - Protective Factors Defined
    - Brochure for Parents
  - Written policy and procedure has been developed for social workers to respond to reports of suspected abuse or neglect due to newborn infants exposed to drugs or alcohol. Additionally, this policy is intended to improve the ability of social workers to effectively identify and screen pregnant women with substance abuse issues with the goal of offering preventive services.
- SafeCare® Differential Response - Strengthening of Differential Response (DR) through implementation the SafeCare®. SafeCare® is an evidence-based home visitation program model designed for child welfare that provides direct skill training to parents in child behavior management, planned activities training, home safety training and child health skills to prevent and intervene with child maltreatment.
  - The Shasta County certified Shasta SafeCare® Trainers trained and certified 5 new SafeCare® Home Visitors countywide to continue to prevent child maltreatment. Additionally, 4 trained and certified SafeCare® Home Visitors will be trained and certified as SafeCare® Coaches in May 2014.
  - 136 families have completed SafeCare® that consisted of three modules and at least 16 weeks of one-on-one training.
- CBCAP Parent Leadership - Increase opportunities for Parents/Consumers of Services to be involved in the Child Welfare Services system as parent leaders and advisors.
  - Parent leadership education/development and parent mutual support direct services included the Parent Leadership Advisory Group (PLAG) and opportunities for increasing leadership skills, motivation to succeed, positive socialization, and development of supportive relationships to continue positive parenting. PLAG is a collaboration of Parent Volunteers/Leaders, Parent Partners, CS staff, and CBOs meeting monthly, working together to improve outcomes for families involved with child welfare services.
  - Parent Leaders participated in the Court Orientation that is mandatory for those entering Child Welfare Services. Parent Leaders discuss their personal experiences of child welfare, as well offering encouragement to those entering services.
  - Parent Leaders participated in community outreach events for child abuse prevention education/outreach to strengthen families through building protective factors.

- As Parent Leaders are progressing through their leadership development, three are now completing the application process to be formally registered as Shasta County Volunteers.
- One Parent Leader attended the National Certification of Parent Leaders conference. This Parent Leader has been asked to represent PLAG on the State Team Leadership Board.
- Together with the Child Abuse Prevention Council, Parent Leaders prepared, planned, and presented the annual PLAG mini-conference.
- Parent Leaders participated in the Leaders for Change: Protective Factors in Action training.

## Analysis<sup>1</sup>

### Explanation of symbols:

Green text with (▲) indicates performance moving in the desired direction

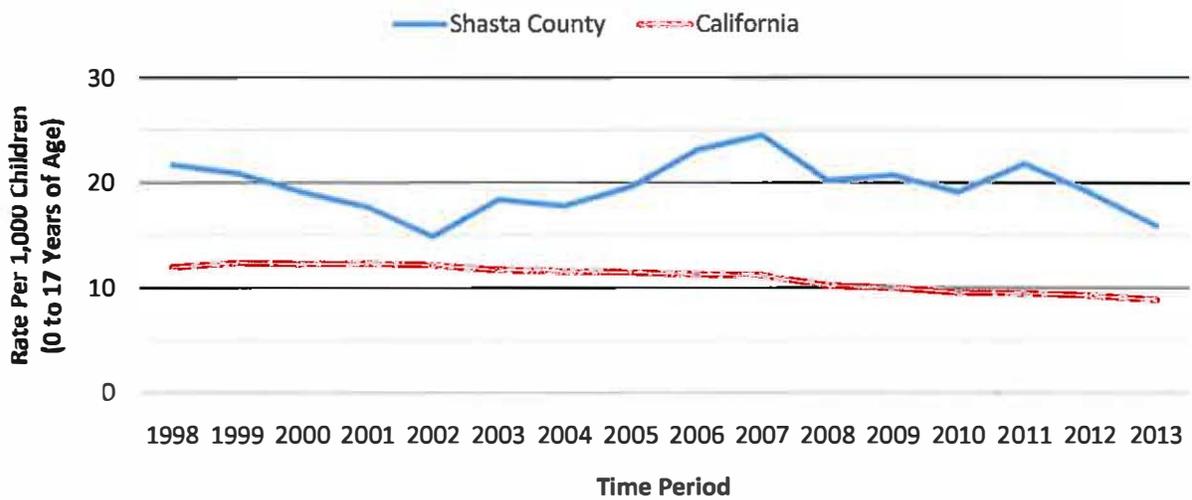
Blue text with (▲) indicates performance moving in the desired direction but still below National Standard/Goal

Red text with (▼) indicates performance moving away from the desired direction

- **Outcome/Systemic Factor - Participation Rates: Referral Rates**
  - County's performance at beginning of SIP year 1; Q4-2009: (77.9)
  - County's performance at beginning of SIP year 2; Q4-2010: (▼78.5)
  - County's performance at beginning of SIP year 3; Q4-2011: (▼88.3)
  - County's performance at beginning of SIP year 4; Q4-2012: (▼92.2)
  - County's most recent performance as of Q4-2013: (▼84.2) (CA average 52.7)
  - County's goal: 5% improvement of original data by June 2015 (<=74.0)
- **Outcome/Systemic Factor - Participation Rates: Substantiation Rates**
  - County's performance at beginning of SIP year 1; Q4-2009: (19.1)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲17.1)
  - County's performance at beginning of SIP year 3; Q4-2011: (▼19.8)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲18.2)
  - County's most recent performance as of Q4-2013: (▲15.9) (CA average 8.9)
  - County's goal: 5% improvement of original data by June 2015 (<=18.1)
- **Outcome/Systemic Factor - S1.1 No Recurrence of Maltreatment**  
(National Standard/Goal >= 94.6)
  - County's performance at beginning of SIP year 1; Q4-2009: (89.8)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲92.8)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲93.8)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲91.0)
  - County's most recent performance as of Q4-2013: (▲92.5) (CA average 93.1)
  - County's Goal: 5% improvement of original data by June 2015 (>=94.3)

<sup>1</sup> The UC Berkeley Outcome Measures: Performance SIP year 1 = "CWS Outcomes System Summary for Shasta County—06.30.10; Report publication: JUL2010. Data extract Q4-2009. Agency: Child Welfare," Performance SIP year 2 = "CWS Outcomes System Summary for Shasta County—06.30.11; Report publication: JUL2011. Data extract Q4-2010. Agency: Child Welfare," Performance SIP year 3 = "CWS Outcomes System Summary for Shasta County—03.24.12; Report publication: APR2012. Data extract Q4-2011. Agency: Child Welfare," Performance SIP year 4 = "CWS Outcomes System Summary for Shasta County—03.28.13; Report publication: APR2013. Data extract Q4-2012. Agency: Child Welfare," and Most Recent Performance = "CWS Outcomes System Summary for Shasta County—03.27.14; Report publication: APR2014. Data extract Q4-2013. Agency: Child Welfare."

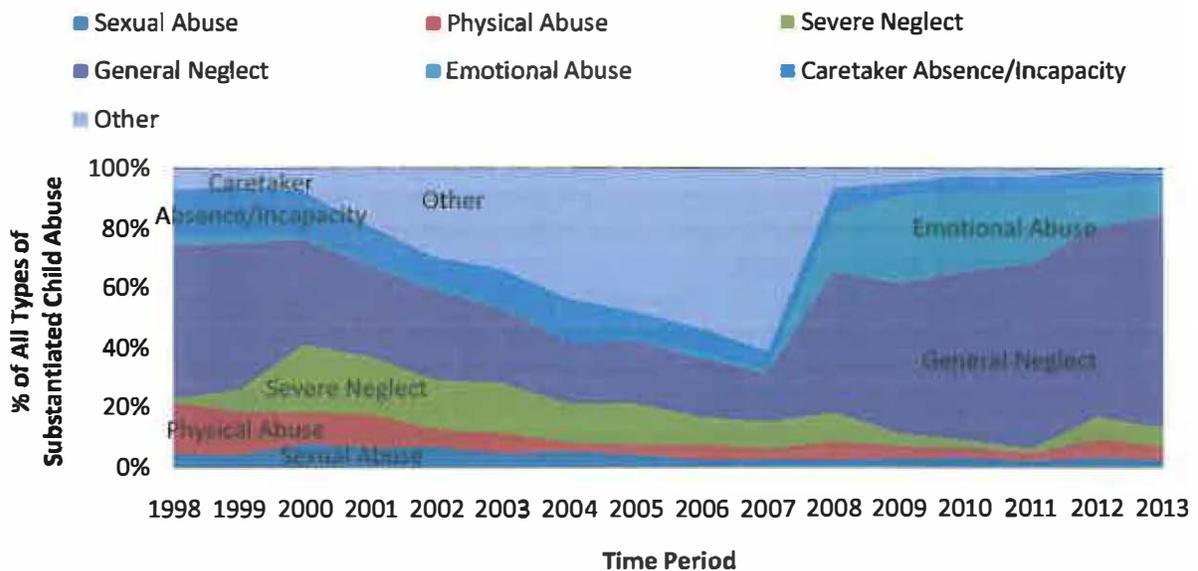
## Rate of Children with Substantiated Child Abuse Allegations



### Participation Rates: Substantiation Rates

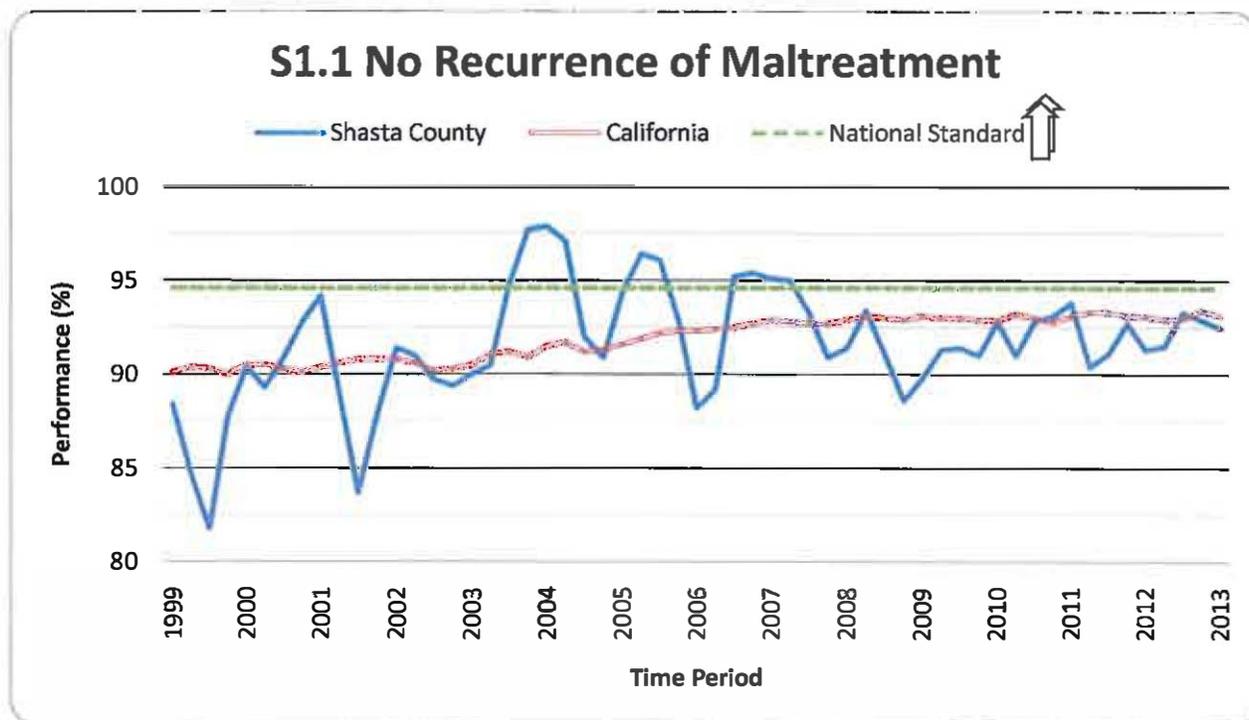
- In 2012, Shasta County's rate was nearly twice that of California's rate.

## Substantiated Child Abuse by Type



### Substantiated Child Abuse by Type

- General Neglect and Emotional Abuse became the two highest types of substantiated child abuse with approximately 71% and 12% respectively as of 2013.



#### S1.1 No Recurrence of Maltreatment

- ▲ Shasta County has shown a 1.3% improvement since 2012.

#### SIP 2014 – Plan for Focus Area #1 - SIP Component 1.0 - Prevention of Child Maltreatment

##### Strategies 2014 (June 2014-June 2015):

- Community Collaboration toward Prevention of Adverse Childhood Experiences - To prevent adverse childhood experiences, an expanded prevention initiative called the Strengthening Families Community Collaborative has been formed to: increase community awareness of and engagement in preventing adverse childhood experiences. Subcommittee structure and work is being organized around perinatal exposure to violence and substance use, maternal mental and emotional well being; increased protective factors for youth who identify three or more types of adverse childhood experience in their personal history; and increased parenting abilities among parents.
- SafeCare® Differential Response - Strengthening of Differential Response (DR) through Implementation the SafeCare® evidence-based Home Visitation Project.
- CBCAP Parent Leadership - Increase opportunities for Parents/Consumers of Services to be involved in the Child Welfare Services system as parent leaders and advisors.
  - The strengthening of processes that ensures meaningful involvement by parents in the prevention/family support planning and decision-making of Child Welfare funded programs will allow us to develop parent leaders to assure consumers of services have a forum to gain knowledge and provide feedback on current and future child welfare issues.

## Focus Area #2 - SIP Component 2.0 – Reduce Rate of Foster Care Placement.

### Strategies & Progress 2013 (June 2013-June 2014):

- Family Finding - Increase family finding efforts and relative engagement at the front end of Child Welfare Services and Juvenile Probation Intake
  - Family Search and Engagement policy and procedure has been completed to give direction to staff for the consistent and timely process of locating and verifying relatives of children in care. Whenever families are involved with the Child Welfare System in Shasta County, Children's Services conducts a formal search for relatives and absent parents, including resolution of paternity issues and compliance with Indian Child Welfare Act requirements.
- Family Team Meetings - Increase parents/family engagement through Participatory Case Planning including Family Team Meetings.
  - The purpose of the FTM is to create a family plan that is family centered and specific to the family in order to achieve safety, and permanency for the family and the child. Relatives and family support persons are invited to FTMs so that they have the opportunity to participate in the planning process.
  - Parents new to the Child Welfare System learn at the mandatory Court Orientation presentation that FTMs can be requested by anyone, including the parent. This is the place for you to identify what's working well & what you are worried about." Often parents request an FTM after they have attended the Court Orientation.
  - 16 to 30 FTMs are held monthly. Social workers have increased the use of FTM's as a case management tool and parents are contacting SWs more frequently to request FTMs and report feeling "empowered by the process".
- SafeCare® - Through the SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, and structured problem solving provided to voluntary and court ordered family maintenance cases.
  - To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County the certified SafeCare® Coaches/Trainers trained and certified new SafeCare® Home Visitors countywide to continue to prevent child maltreatment. Additionally, a subset of the SafeCare® Home Visitors were trained and certified as SafeCare® coaches.
- Structured Decision Making (SDM) and Signs of Safety (SOS) - Full implementation of Structured Decision Making (SDM) including the piloting of Signs of Safety (SOS). SOP includes SDM, SOS, plus trauma-informed practice. SOP is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children.
  - We have created the Safety Organized Practice Implementation Science Team. This team is charged with assessing SOP for current stage of implementation and developing a plan to address gaps and/or challenges in current practice. To help the team with their assessment we have developed checklists for each stage of implementation. We are also applying Implementation Science to aid in SOP program development and evaluation.
  - SWs are required to use the SDM tools. Supervisors are required to ask at critical points what did SDM reflect: MDT, Case Conferencing, Concurrent Case Planning MDT, etc. Completion of the family strengths and needs assessment is necessary for case planning.

## Analysis

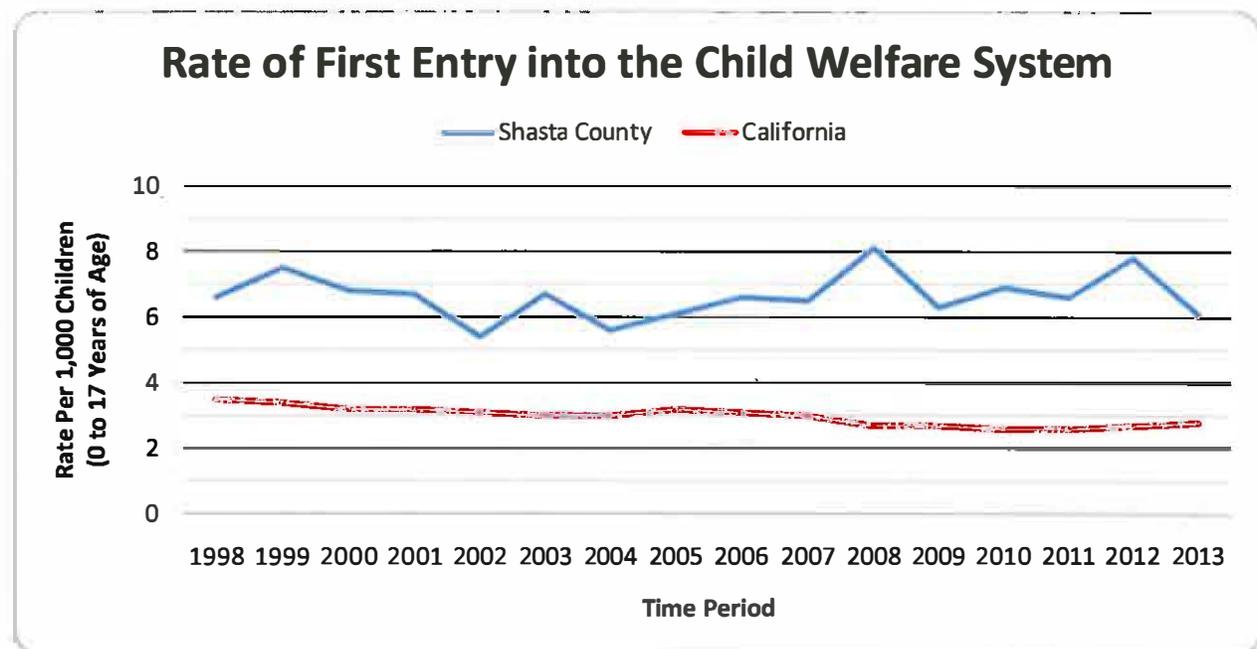
### Explanation of symbols:

Green text with (▲) indicates performance moving in the desired direction

Blue text with (▲) indicates performance moving in the desired direction but still below National Standard/Goal

Red text with (▼) indicates performance moving away from the desired direction

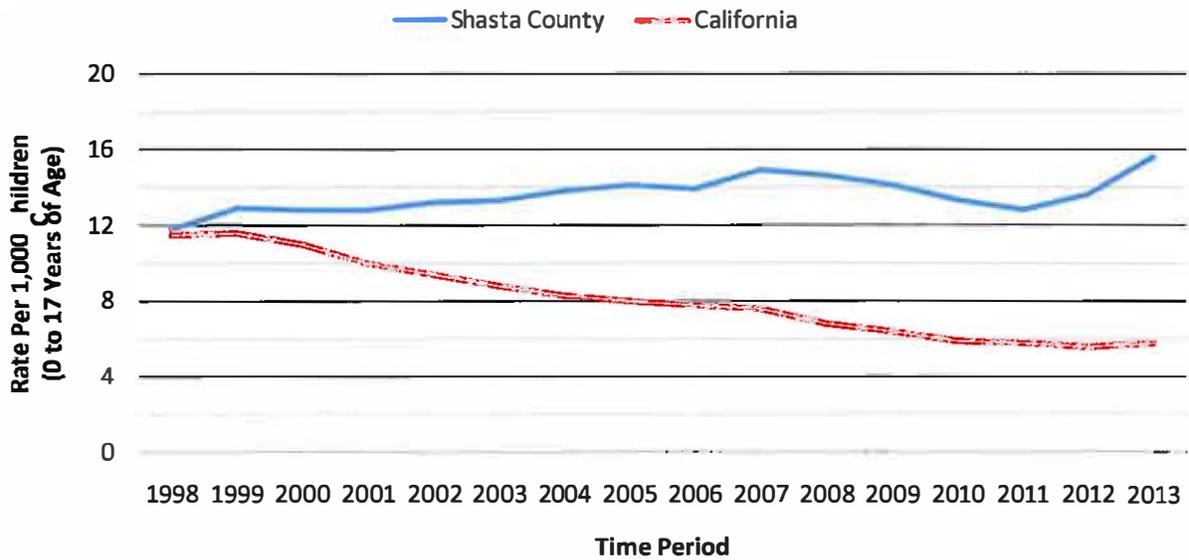
- **Outcome/Systemic Factor - Participation Rates: Entry Rates**
  - County's performance at beginning of SIP year 1; Q4-2009: (7.3)
  - County's performance at beginning of SIP year 2; Q4-2010: (▼7.6)
  - County's performance at beginning of SIP year 3; Q4-2011: (▼7.8)
  - County's performance at beginning of SIP year 4; Q4-2012: (▼9.0)
  - County's most recent performance as of Q4-2013: (▲7.3) (CA average 3.5)
  - County's goal: 5% improvement of original data by June 2015 (<=6.9)
  
- **Outcome/Systemic Factor - Participation Rates: In Care Rates**
  - County's performance at beginning of SIP year 1; Q4-2009: (13.6)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲12.3)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲12.6)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲13.5)
  - County's most recent performance as of Q4-2013: (▼15.6) (CA average 5.8)
  - County's goal: 5% improvement of original data by June 2015 (<=12.9)
  
- **Outcome/Systemic Factor - C1.4 Reentry Following Reunification (Exit Cohort)**  
(National Standard/Goal <= 9.9)
  - County's performance at beginning of SIP year 1; Q4-2009: (11.8)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲7.0)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲4.5)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲4.3)
  - County's most recent performance as of Q4-2013: (▲3.4) (CA average 12.3)
  - County's Goal: 5% improvement of original data by June 2015 (<=11.2)



### Participation Rates: Entry Rates

- ▲ Shasta County's rate of First Entry has decreased since 2012.

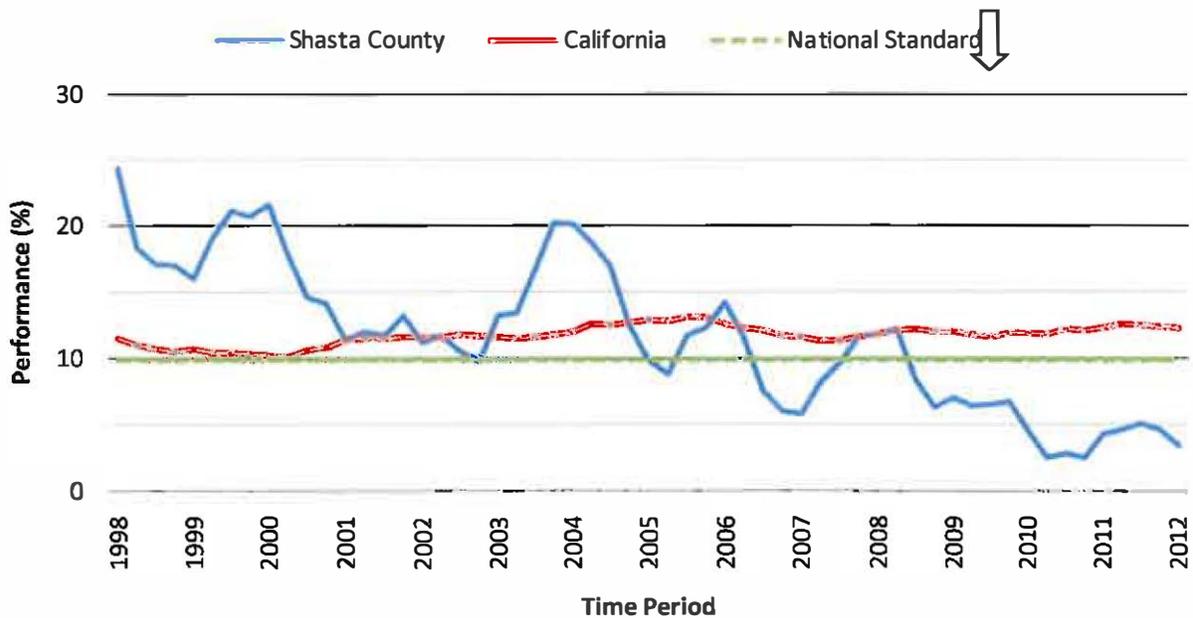
## Rate of Children in the Child Welfare System



### Participation Rates: In Care Rates

- ▽ Shasta County's In Care rate has increased in 2013.

## C1.4 Reentry Following Reunification



### C1.4 Reentry Following Reunification

- ▲ Shasta County's has been better than the National Standard since 2008.
- ▲ Shasta County's performance has been better than California's since 2008.

## SIP 2014 – Plan for Focus Area #2 - SIP Component 2.0 – Reduce Rate of Foster Care Placement.

### Strategies 2014 (June 2014-June 2015):

- Family Finding - Increase family finding efforts and relative engagement at the front end of Child Welfare Services and Juvenile Probation Intake. Social workers and juvenile probation officers can increase options for children who are unsafe in their parents' home when family finding support services are available. Relatives and non-relative extended family members can offer solutions to reduce foster care placement by creating safety and support prior to a court intervention
- Family Team Meetings - Increase parents/family engagement through Participatory Case Planning including Family Team Meetings. Engaging parents/families immediately can help the social workers to address the needs of the children as well as placement resources. Engaging parents/families early on in the development of their case plan can prevent or reduce the time children spend in foster care.
- SafeCare® - Through the SafeCare® home visitation model, in-home parent training focused on health, safety, parent-child interactions, and structured problem solving provided to voluntary and court order family maintenance cases. Parents have provided feedback that classroom parenting training is not enough. Parents advocate for in-home visitation and parenting training on a regular basis to support family success.
- Structured Decision Making (SDM) and Safety Organized Practice (SOP) - Continued implementation of Safety Organized Practice (SOP) including Structured Decision Making. SOP includes SDM, SOS, plus trauma-informed practice.

## Focus Area #3 - SIP Component 3.0 – Reduce Time to Reunification.

### Strategies & Progress 2013 (June 2013-June 2014):

- Father Finding and Engagement - Increase father finding and engagement efforts through Supporting Father Involvement. Supporting Father Involvement is a family focused, evidence-based, intervention aimed at effectively engaging fathers as a key participant in family support and strengthening. It is also a method of fostering organizational development and growth for agencies and professionals serving at-risk families.
  - Implemented the evidence based Supporting Father Involvement (SFI) Curriculum. This curriculum involves two types of group interventions one for Fathers and one for co-parenting Couples. The total number of participants since June of 2012 has been 33 clients (this includes fathers and spouses). The number of participants from June 2013 to present has been eight. Eight cases (of the 33 total) have been analyzed so far. Of those 50% have reunified, 25% were voluntary cases that have since been closed and 25% are still open.
  - Policy and procedure regarding the Supporting Father Involvement Program completed.
  - Recruitment into the Supporting Father Involvement program is an active and ongoing process that involves direct outreach through multiple internal venues.
  - This year as part of our overall Supporting Father involvement action plan we are working with Strategies to bring the SFI group training to our staff and interested community members. When we first started the program two years ago, we did the initial training with staff, but the focus this year will be on training new staff including more mental health clinicians and opening it up to our community partners including our Medi-Cal service delivery partners.

- Triple-P® - Application and integration of Positive Parenting Program (Triple-P®) during the first six months of Family Reunification services.
  - Triple-P® is delivered through several contracts with different community partners. Our Medi-Cal service partners have been trained in varying levels of Triple P® and provide these services to children who are receiving therapy and their parents when Triple P® is clinically appropriate to address the child's mental disorder. The community partner who has been contracted to deliver our Parent Partner Program also has been trained to deliver Triple P® services to our clients as part of our Differential Response efforts. Another community partner who delivers our Visitation and Parent Class Services provides Triple P® group training to parents who have been mandated by the court to attend parenting classes. In addition Triple P® is offered to families in our system directly through our co-located mental health and drug and alcohol services providers.
  - Triple P® providers participate in the countywide evaluation of Triple P® including administering assessment and outcome tools and entering data in the County's Scoring Application.
  
- Linkages - Full implementation of Linkages to increase the socio-economic functioning of parents by providing CalWORKs support services to parents while children are in care. Linkages is a practice that enhances intra-agency collaboration and helps to provide a broader picture of the family's needs and services utilized across programs to increase support and success for families. The focused efforts of Linkages can reduce time that the children are in foster care and increase successful reunification.
  - Linkages policy and procedure has been completed to give direction to Children's Services staff regarding successful usage of Linkages because it results in:
    - Improved communication between programs;
    - Sharing of resources;
    - Prevention of service duplication; and
    - Reduction in costs.
  - We have co-located the CalWORKs Linkages Coordinator at Children's Services since October 2011 to focus on integrating services for clients involved in both programs. The goal is to reduce barriers to economic self-sufficiency and safe parenting by providing coordinated services
  - Expedited cash aid has been set up to assist parent(s) in getting their benefits granted as quickly as possible when their children are returned to their care.
  - CalWORKs has put together a team of Welfare to Work (WTW) Case Managers to provide more preventive and oversight work around WTW families that have been identified to have barriers to employment and are at risk. Children's Services is monitoring the development of the Family Stabilization Act by CalWORKs in order to better coordinate Children's Services and CalWORKs efforts to prevent child endangerment and negligence.
  
- SafeCare® - Through the SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, and structure problem solving is available to be provided to reunifying families when children begin trial home placement.
  - The focus has continued to be the provision of SafeCare® through Differential Response and to voluntary and court ordered family maintenance cases.
  
- Decrease # of Continued Hearings - Decrease the number of continued hearings. Welfare and Institution Code Section 366 details specific time requirements for submitting court documents and for providing those documents to all parties involved with child welfare cases.
  - Court Reports policy and procedure was completed to provide staff guidance and training on the timely submission of court reports to support Children's Services efforts to

- Data indicate an increase in late reports and instances of no report being submitted to the Court after a period of improved timeliness. Our strategy is to reconvene a Court Report Workgroup to specifically address timely Court Reports. The Workgroup would meet regularly and go over each week's data highlighting individual employees needing assistance. Further, we plan to provide training regarding the court report policy to social workers and supervisors involved in court report writing.
- Participatory Case Planning (including Family Team meetings, SDM and SOS) – Consistently utilize Structured Decision Making (SDM) through life of case; utilize Signs of Safety (SOS) in the context of Family Team meetings (FTM) to increase Participatory Case Planning.
  - Participatory planning is a strength-based approach to working with families and individuals who may have multiple needs that are complex. Participatory Case Planning (PCP) is family centered, culturally sensitive, and brings teams of people together (including the community) to build a plan that is strength-based and individualized. Through Safety Organized Practice (SOP) PCP uses family's ideas/input and develops behavior specific case plans
  - Through continued implementation of SOP we have utilized tools to increase family engagement and participation. We use the SOP approach to collaborative teamwork in child welfare to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques to increase family engagement and participation. SOP includes Structured Decision Making (SDM), Signs of Safety (SOS), plus trauma-informed practice. We have implemented the Structured Decision Making (SDM) approach to child protective services that uses clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect. Child and family needs and strengths are identified and considered in developing and monitoring progress toward a case plan. SOP tools are utilized in FTMs for the child's/family's voice to be heard as well as to create a safety network for families that is outside of the service providers. PCP uses SOP to identify the 3 top areas to address regarding safety. FTMs then focus on the 3 top areas. PCP utilizes the family strengths and needs assessment SDM tool to guide family involvement, Social workers have the responsibility for completing the SDM Reassessment Tool prior to the FTM. In SOP "safety" is actions of protection, taken by the caregiver, that mitigate the danger, demonstrated over time. Case plans identify what behavior, specific to the family's risks, needs to be demonstrated to show the family has changed.
  - We have created the Safety Organized Practice Implementation Science Team. This team is charged with assessing SOP for current stage of implementation and developing a plan to address gaps and/or challenges in current practice. To help the team with their assessment we have developed checklists for each stage of implementation. We are also applying Implementation Science to aid in SOP program development and evaluation.

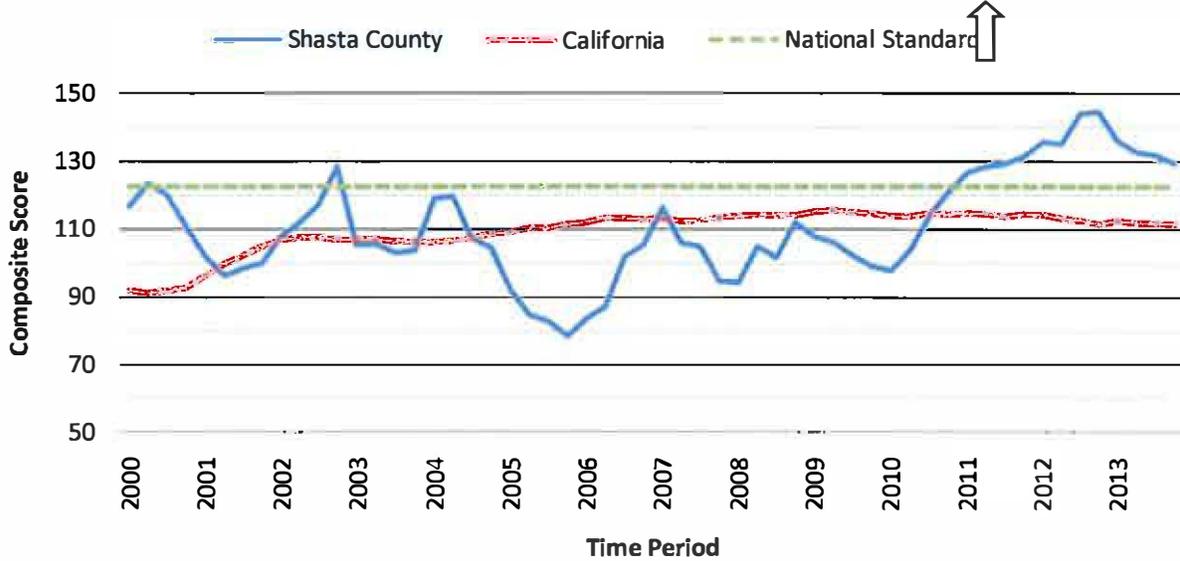
## Analysis

### Explanation of symbols:

Green text with (▲) indicates performance moving in the desired direction and above National Standard/Goal  
Blue text with (▲) indicates performance moving in the desired direction but still below National Standard/Goal  
Red text with (▼) indicates performance moving away from the desired direction

- **Outcome/Systemic Factor - C1 Permanency Composite 1**  
**Timeliness and Permanency of Reunification**  
(National Standard/Goal >= 122.6)
  - County's performance at beginning of SIP year 1; Q4-2009: (98.9)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲120.4)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲127.5)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲144.9)
  - County's most recent performance as of Q4-2013: (▲129.4) (CA average 111.7)
  - County's Goal: 5% improvement of original data by June 2015 (>=103.8)
  
- **C1.1 Reunification within 12 Months (Exit Cohort) - (National Standard/Goal >= 75.2)**
  - County's performance at beginning of SIP year 1; Q4-2009: (52.4)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲62.6)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲61.9)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲78.3)
  - County's most recent performance as of Q4-2013: (▲64.2) (CA average 64.2)
  
- **C1.2 Median Time to Reunification (Exit Cohort) - (National Standard/Goal <= 5.4)**
  - County's performance at beginning of SIP year 1; Q4-2009: (11.9)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲9.5)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲9.4)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲6.5)
  - County's most recent performance as of Q4-2013: (▲8.8) (CA average 8.5)
  
- **C1.3 Reunification within 12 Months (Entry Cohort) - (National Standard/Goal >= 48.4)**
  - County's performance at beginning of SIP year 1; Q4-2009: (39.9)
  - County's performance at beginning of SIP year 2; Q4-2010: (▼36.0)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲43.3)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲40.4)
  - County's most recent performance as of Q4-2013: (▼31.3) (CA average 37.4)
  
- **C1.4 Reentry Following Reunification (Exit Cohort) - (National Standard/Goal <= 9.9)**
  - County's performance at beginning of SIP year 1; Q4-2009: (11.8)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲7.0)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲4.5)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲4.3)
  - County's most recent performance as of Q4-2013: (▲3.4) (CA average 12.3)

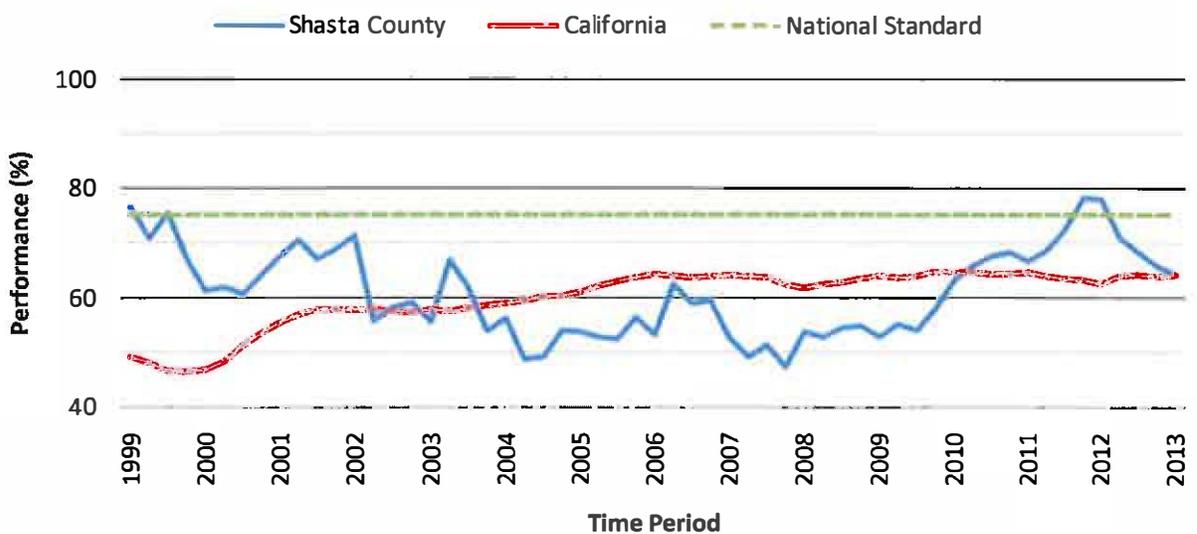
## Permanency Composite 1 Timeliness and Permanency of Reunification



### C1 Permanency Composite 1 – Timeliness and Permanency of Reunification

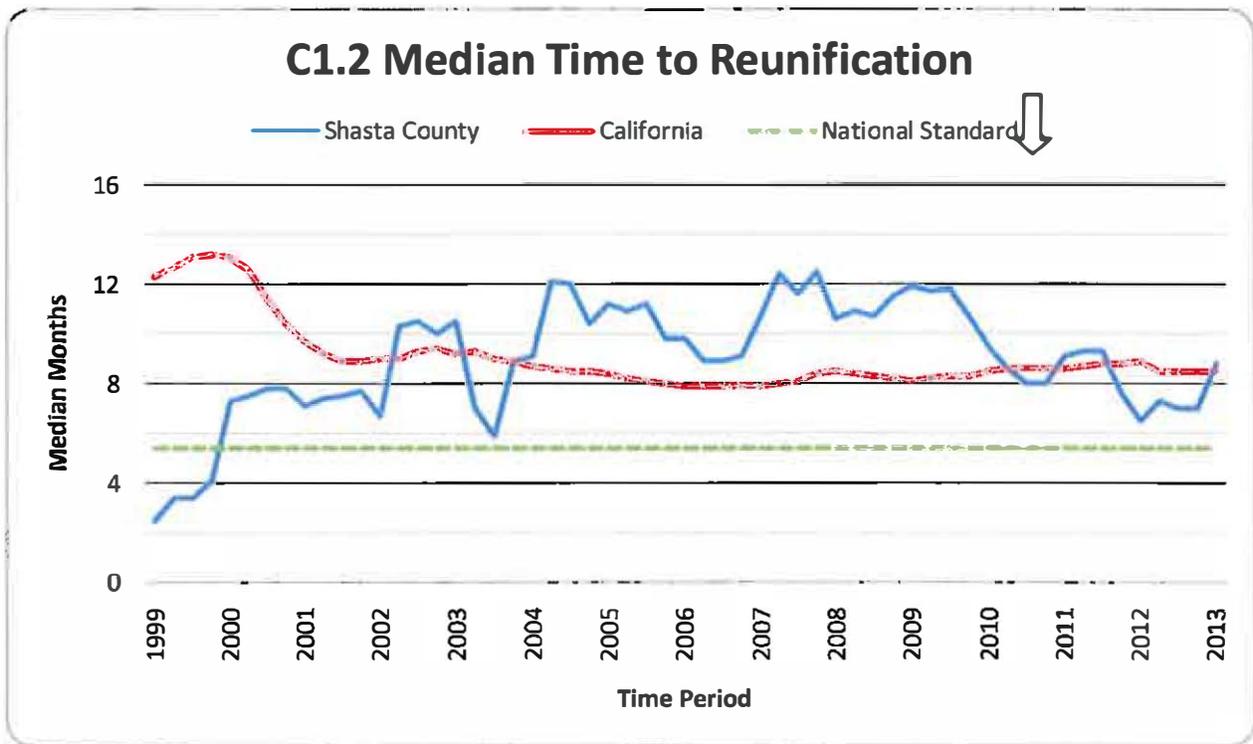
- ▲ Shasta County's composite score rose above California's score in the last quarter of 2010 and has remained higher since.
- ▲ Shasta County's composite score rose above the National standard in the 2011 and has remained higher since.

## C1.1 Reunification within 12 Months (Exit Cohort)



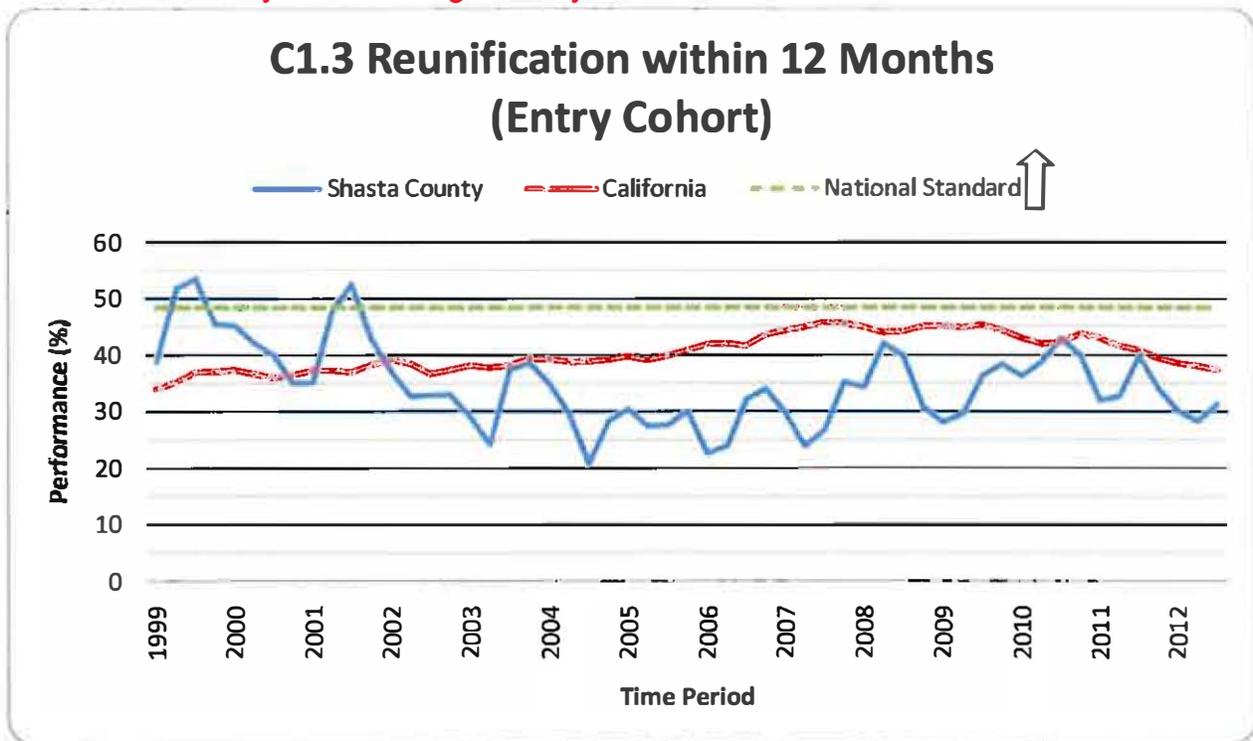
### C1.1 Reunification within 12 Months (Exit Cohort)

- ▼ Shasta County's has fallen below the National Standard/Goal for the last four quarters.
- ▲ Shasta County's performance has been at or above California's since 2010



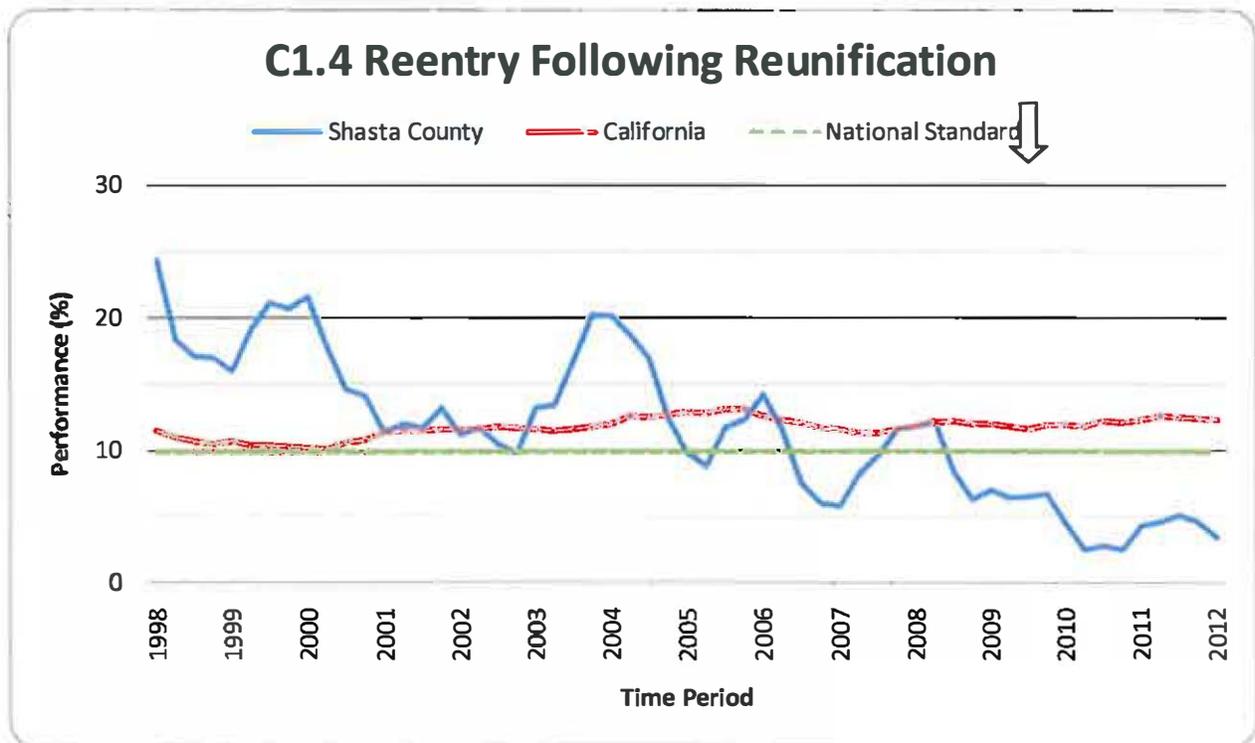
**C1.2 Median Time to Reunification**

- ▼ Shasta County's median length of stay has increased since 2012



**C1.3 Reunification within 12 Months (Entry Cohort)**

- Shasta County's performance continues to have many fluctuations, but appears to be on a slight upward trend since the 2005 time period



#### C1.4 Reentry Following Reunification

- ▲ Shasta County's has been better than the National Standard since 2008.
- ▲ Shasta County's performance has been better than California's since 2008.

SIP 2014 – Plan for Focus Area #3 - SIP Component 3.0 – Reduce Time to Reunification.

Strategies 2014 (June 2014-June 2015):

- Father Finding and Engagement - Increase father finding and engagement efforts through Supporting Father Involvement. The Supporting Father Involvement (SFI) program is a family focused, evidenced-based, clinical intervention aimed at effectively engaging fathers as key participants in family support and strengthening.
- Triple-P® - Application and integration of Positive Parenting Program (Triple-P)® during the first six months of Family Reunification services. This practice is evidenced based for decreasing behavior disorders in children and has been shown to decrease child abuse when implemented on a broad scale in communities as it tailors a multi-level program specifically for the functioning level of the participants.
- Linkages – Continue to work towards full implementation of Linkages to increase the socio-economic functioning of parents by providing CalWORKs support services to parents while children are in care. Linkages is a collaborative project between Children's Services and CalWORKs to integrate services for clients involved in both systems through the development of a Coordinated Services Plan.
- SafeCare® - Continue to work towards local expansion of the provision of SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, and structure problem solving to reunifying families at time of reunification or imminent reunification (when children begin visits in the family home and/or trial home visit). Parents advocate for in-home visitation and parenting training on a regular basis when children return home to support family success.
- Decrease Number of Continued Hearings - Decrease the number of continued hearings. Continued hearings can extend the length of time children spend in foster care and can delay permanency.

- Participatory Case Planning (including Family Team meetings, Safety Organized Practice (SOP) and SDM) – Consistently utilize Structured Decision Making (SDM) through life of case; utilize Safety Organized Practice (SOP) in the context of Family Team meetings to increase Participatory Case Planning. Participatory case planning is a practice that is family centered, family strength-based, culturally sensitive and involves the community. It is an approach that brings teams of people together and works to build a plan that is strength-based and individualized.

#### Focus Area #4- SIP Component 4.0 – Increase Placement Stability.

##### Strategies & Progress 2013 (June 2013-June 2014):

- Family Finding and Engagement - Increase Family Finding and Engagement
  - Family Finding and Engagement is an ongoing process. Whenever families are involved with the Child Welfare System Children's Services (CS) conducts a formal search for relatives and absent parents, including resolution of paternity issues and compliance with Indian Child Welfare Act requirements. The Relative Search, Engagement & Placement policy and procedure was developed to provide staff direction for the consistent and timely process of locating and verifying relatives. For every child brought into custody, CS assesses all known/identified relatives and non-relative extended family members (Rel/NREFM) to determine their willingness and suitability to serve as a placement for the child. If Rel/NREFM placement is not possible, the social worker (SW) continues family search and engagement to locate, contact, and support an ongoing relationship for the child. Family search and engagement continues throughout the duration of the case. Search efforts are documented and results are reported at Intake staffing and Multi-Disciplinary Team presentations. The SW reassesses for relative placement at any point of the case when there is a need for a placement change.
  - Through the assessment of our permanent plan cases while working towards participation in the Title IV-E Waiver project we identified the need for a deeper level of Family Finding and Engagement practices. We have created an Implementation Science Team that is assessing Family Finding and Engagement for current stage of implementation and developing a plan to address gaps and/or challenges in current practice. To help the team with their assessment we have developed checklists for each stage of implementation. We are also applying Implementation Science to aid in program development and evaluation.
- Support Services to Secondary Care Providers, (including Triple-P®, Participatory Case Planning, and High Risk Team) - Provide support services to secondary care providers (Foster Parent, Rel/NREFM care providers, etc.)
  - Positive Parenting Program (Triple-P)® is a multi-level system of parenting and family support. Triple-P® is offered to all foster parents and an introduction to Triple-P® has been incorporated into the Foster Pride training curriculum. All Foster Care Licensing staff, the Foster Parent Liaison and the SA/HIV Public Health Nurse involved with the training and recruitment of foster parents are Triple-P® trained and are available to train others. Relative/NREFM care providers are offered Triple-P® training through FKCE. Foster and Kinship Care Education (FKCE).
  - Quality Parenting Initiative (QPI). The goal of the initiative is to develop a statewide approach to recruiting and retaining high-quality caregivers to provide the loving, committed, skilled care that the child needs, while working effectively with the child welfare system to reach the child's long term goals. QPI Ice Breaker Meetings policy and procedure has been completed that describes it is in the best interest of the child when in out-of-home placement that the foster parents and the birth parents come together for

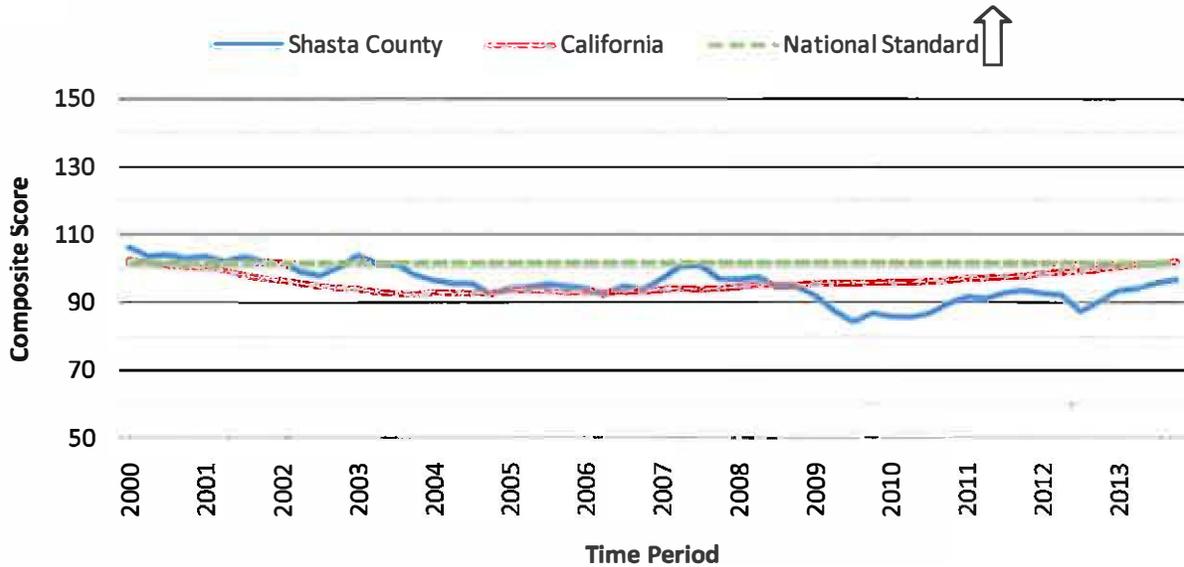
an “Ice Breaker” meeting. The purpose of the Ice Breaker meeting is to help create an environment of team work and compassion, and to demonstrate to the child/youth that caregiver’s are united for their best interest. The Ice Breaker meeting also provides an opportunity for foster parents and birth parents to discuss the children’s strengths/needs and minimizes the potential for a contentious relationship. The goals of an Ice Breaker meeting include:

- Reduce the trauma of foster care placement for children;
  - Introduce parents and caregivers in order to share information;
  - Build alliances among adults when children are in congregate care;
  - Begin relationship building and a sense of teamwork; and
  - Improve everyone’s ability to help a child, including the caseworker.
- The Shasta County High Risk Team (HRT) is a support network for children and caregivers who are involved with Children’s Services. The goal is to create safe, stable homes for children through collaborative team meetings, comprehensive assessment of children’s needs and the development of individualized action plans. The HRT concept was initiated by foster and adoptive parents who recognized that a certain percentage of our children have special needs requiring more than the average level of care and services normally provided to children in our system. It was further recognized that a failure to respond to these children’s needs in a timely and comprehensive manner had a destabilizing effect on the child and the placement as well as post-adoptive homes. Over the past year, on average 17 HRTs have occurred on a monthly basis.

## Analysis

- **Outcome/Systemic Factor - C4 Permanency Composite 4 – Placement Stability**  
(National Standard/Goal >= 101.5)
  - County’s performance at beginning of SIP year 1; Q4-2009: (86.3)
  - County’s performance at beginning of SIP year 2; Q4-2010: (▲89.4)
  - County’s performance at beginning of SIP year 3; Q4-2011: (▲93.0)
  - County’s performance at beginning of SIP year 4; Q4-2012: (▲90.2)
  - County’s most recent performance as of Q4-2013: (▲96.7) (CA average 101.9)
  - County’s Goal: 5% improvement of original data by June 2015 (>=90.6)
  
- **C.4.1 Placement Stability (8 Days - 12 months in care) -** (National Standard/Goal >= 86.0)
  - County’s performance at beginning of SIP year 1; Q4-2009: (84.8)
  - County’s performance at beginning of SIP year 2; Q4-2010: (▼82.2)
  - County’s performance at beginning of SIP year 3; Q4-2011: (▲84.9)
  - County’s performance at beginning of SIP year 4; Q4-2012: (▼83.2)
  - County’s most recent performance as of Q4-2013: (▲85.6) (CA average 86.8)
  
- **C.4.2 Placement Stability (12 to 24 months in care) -** (National Standard/Goal >= 65.4)
  - County’s performance at beginning of SIP year 1; Q4-2009: (52.9)
  - County’s performance at beginning of SIP year 2; Q4-2010: (▲62.0)
  - County’s performance at beginning of SIP year 3; Q4-2011: (▲60.5)
  - County’s performance at beginning of SIP year 4; Q4-2012: (▲58.5)
  - County’s most recent performance as of Q4-2013: (▲63.0) (CA average 69.0)
  
- **C.4.3 Placement Stability (>= 24 Months in Care) -** (National Standard/Goal >= 41.8)
  - County’s performance at beginning of SIP year 1; Q4-2009: (20.4)
  - County’s performance at beginning of SIP year 2; Q4-2010: (▲22.6)
  - County’s performance at beginning of SIP year 3; Q4-2011: (▲28.3)
  - County’s performance at beginning of SIP year 4; Q4-2012: (▲26.7)
  - County’s most recent performance as of Q4-2013: (▲33.5) (CA average 37.7)

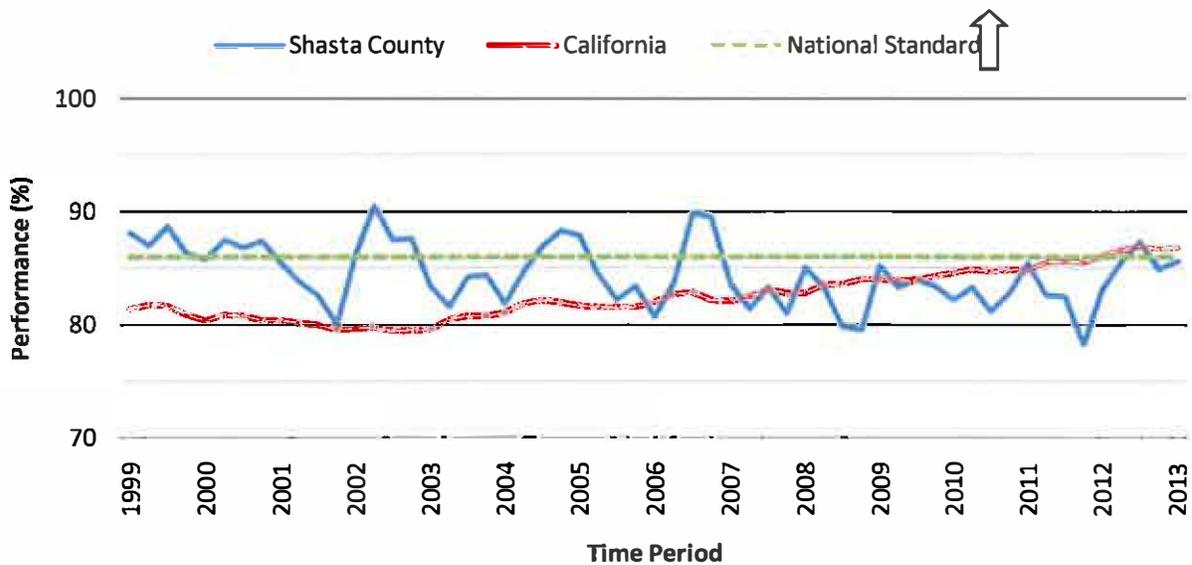
## Permanency Composite 4 Placement Stability



### C4 Permanency Composite 4 – Placement Stability

- ▲ Shasta County's performance has been improving since late 2012.

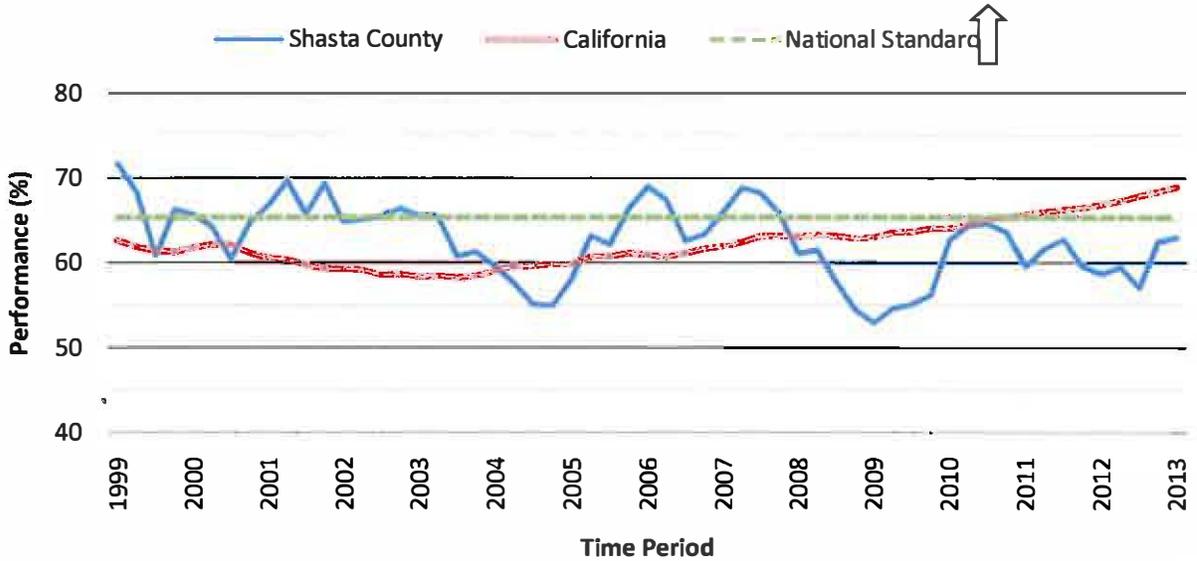
## C4.1 Placement Stability (8 Days to 12 Months in Care)



### C4.1 Placement Stability (8 Days to 12 Months in Care)

- ▲ Shasta County's performance has been improving since 2012.

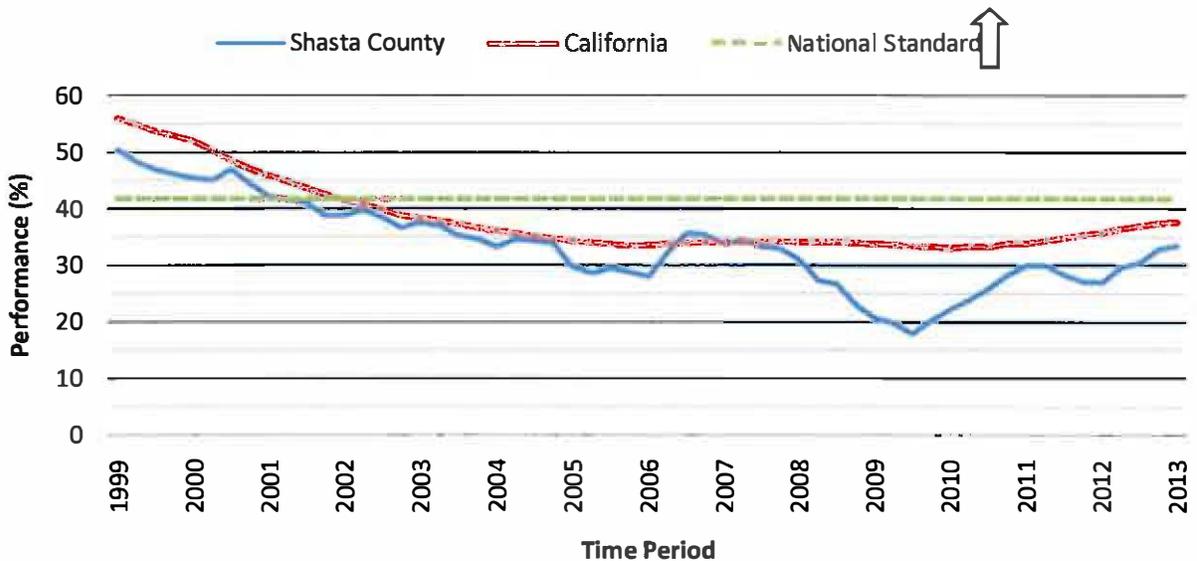
### C4.2 Placement Stability (12 to 24 Months in Care)



#### C4.2 Placement Stability (12 to 24 Months in Care)

- ▲ Shasta County's performance has been improving since late 2012.

### C4.3 Placement Stability (At Least 24 Months in Care)



#### C4.3 Placement Stability (At Least 24 Months in Care)

- ▲ Shasta County's performance has been improving since 2012.

SIP 2014 – Plan for Focus Area #4- SIP Component 4.0 – Increase Placement Stability

Strategies 2014 (June 2014-June 2015):

- Family Finding and Engagement - Increase Family Finding and Engagement. Family finding and engagement efforts facilitate the location of relatives as a placement option for children. Relative placements are more stable than non-relative placements and therefore increase placement stability, reduce foster care re-entry rates, and reduce the isolation and negative consequences on youth who exit the foster care system without long term supportive relationships. By increasing focus on family finding and engagement processes, the placement stability will be improved, as the youth and family will have a stronger connection to relative/NREFM care providers
- Support Services to Secondary Care Providers, (including Triple-P®, Participatory Case Planning, and High Risk Team) - Provide support services to secondary care providers (Foster Parent, Relative/NREFM care providers, etc.) Providing tools, strategies, and support services to secondary care providers (foster parents, Relative/NREFM care providers, etc) will minimize placement disruption, multiple foster care placements, and reentry into foster care for children in care thereby increasing placement stability and the likelihood of permanency.

Focus Area #5 - SIP Component 5.0 – Build More Connections for Youth in Foster Care to family/non-related persons with whom child has connections.

Strategies & Progress 2013 (June 2013-June 2014):

- Family Finding and Engagement - Expand Family Finding and Relative Engagement processes and include more eligible youth in connection building.
  - Relative search and engagement is an ongoing process that occurs throughout the life of the case. Through Family Finding & Engagement relatives are located and people are identified who are willing to be involved in youth connection building. Policy and procedure has been developed for Family Finding, Engagement and Placement however, a policy and procedure needs to be formalized to facilitate verification of the safety and appropriateness of life-long connections with relatives and non-relative extended family members with youth. Connections with relatives and family friends are important for all children, especially for children whose families are in crisis. Relatives/NREFMs give the family support and encouragement as the parents try to resolve the problems that led to the child being removed from them. Relatives/NREFMs also help by calling and visiting the child, inviting them to their home for holidays and other occasions, remembering birthdays, etc. Relatives/NREFMs assist the child's social worker or probation officer in locating other relatives and family friends who might be able to help the child and family, including those who live out of state. Currently, it is the case carrying SW who determines if the identified people are appropriate and what their level of contact with the youth should be.
  - The Shasta County High Risk Team (HRT) is a support network for youth and caregivers who are involved with Children Services. A specialized case manager and high-risk team focus on early identification of high-risk youth. They work closely with care providers and social workers to access needed services. Youth are invited to the HRT, FTM and Safety Planning Meetings, as appropriate, depending the age of the youth and/or the topic discussion. Youth are participating in HRTs as well as in Child and Family Team Meetings. The Court Orientation is open to all members of a family who are interested in knowing more about the Dependency system and what to expect during the life of the case.

- Participatory Case Planning (including Transitional Independent Living Plan (TILP) and National Youth in Transition Database (NYTD) accuracy) - Expand Family Team Meetings to include connection resources in addition to placement decisions.
  - Children's Services and Juvenile Probation Supervisors provide training to staff on an ongoing basis to ensure they know the requirements of completing and updating the TILP for all eligible youth.
  - CS Program Analyst generates quarterly reports from SafeMeasures to show TILPs completed, updated, or overdue. This information is provided to CS Program Manager, Supervisors, and SW.
  - Shasta County ILP provides written documentation every quarter on completed ILP services. Individual reports are provided to CS for each youth completing ILP services. This information is delivered to the case carrying SW, Supervisors, and Program Manager. To ensure accuracy of data entry all data is entered into CWS/CMS by an Office Assistant specially trained to enter this data. Data entry is reviewed for accuracy by the OA Supervisor, Program Analyst, and Program Manager. CWS/CMS Help Desk Analyst generates a monthly report of all ILP-aged youth and the ILP services documented in their case file. This information is provided to Program Manager, Supervisors and SW. Program Analyst generates reports from SafeMeasures to inform SW, Supervisors and Program Manager of the number of completed ILP services documented for each youth.

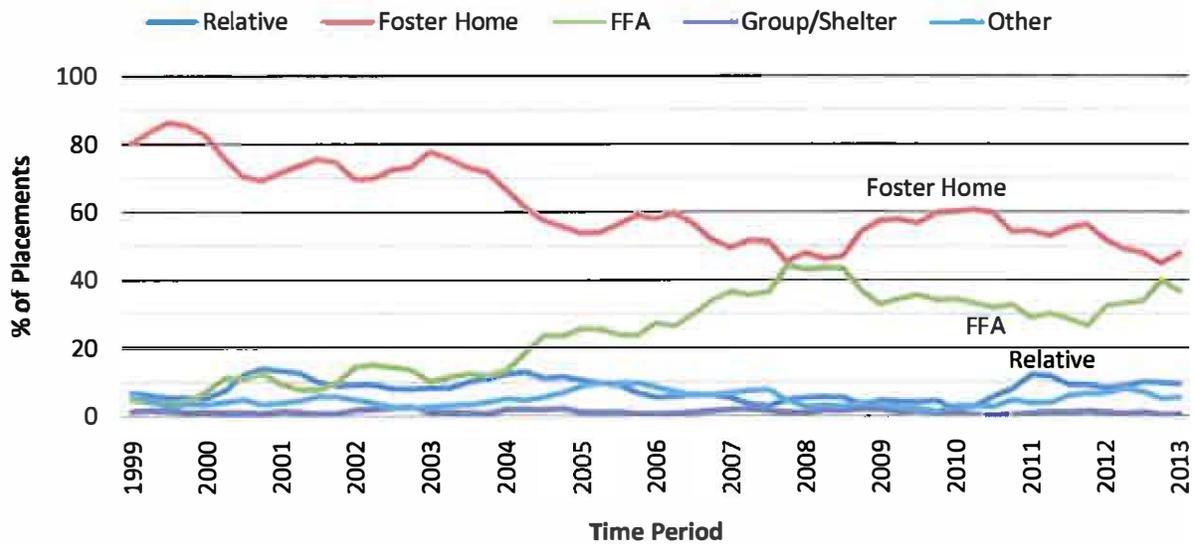
## Analysis

### Explanation of symbols:

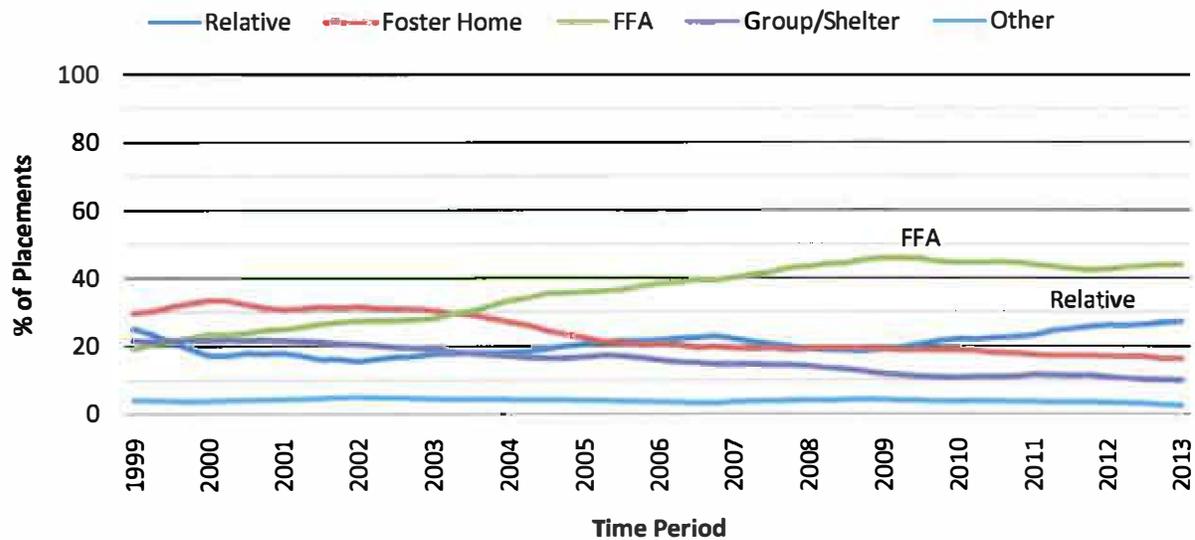
Green text with (▲) indicates performance moving in the desired direction and above National Standard/Goal  
 Blue text with (▲) indicates performance moving in the desired direction but still below National Standard/Goal  
 Red text with (▼) indicates performance moving away from the desired direction

- **Outcome/Systemic Factor - 4B Least Restrictive Placement**  
**(Entries First Placement: Relative)**
  - County's performance at beginning of SIP year 1; Q4-2009: (4.6)
  - County's performance at beginning of SIP year 2; Q4-2010: (▼1.9)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲12.3)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲8.3)
  - County's most recent performance as of Q4-2013: (▲9.5) (CA average 27.2)
  - County's Goal: 5% improvement of original data by June 2015 (>=4.8)
- **4B Least Restrictive Placement (Point in Time: Relative)**
  - County's performance at beginning of SIP year 1; Q4-2009: (22.5)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲26.3)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲29.2)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲34.9)
  - County's most recent performance as of Q4-2013: (▲31.0) (CA average 35.3)
  - County's Goal: 5% improvement of original data by June 2015 (>=23.6)

## 4B Foster Care Least Restrictive Settings First Placement - Shasta County



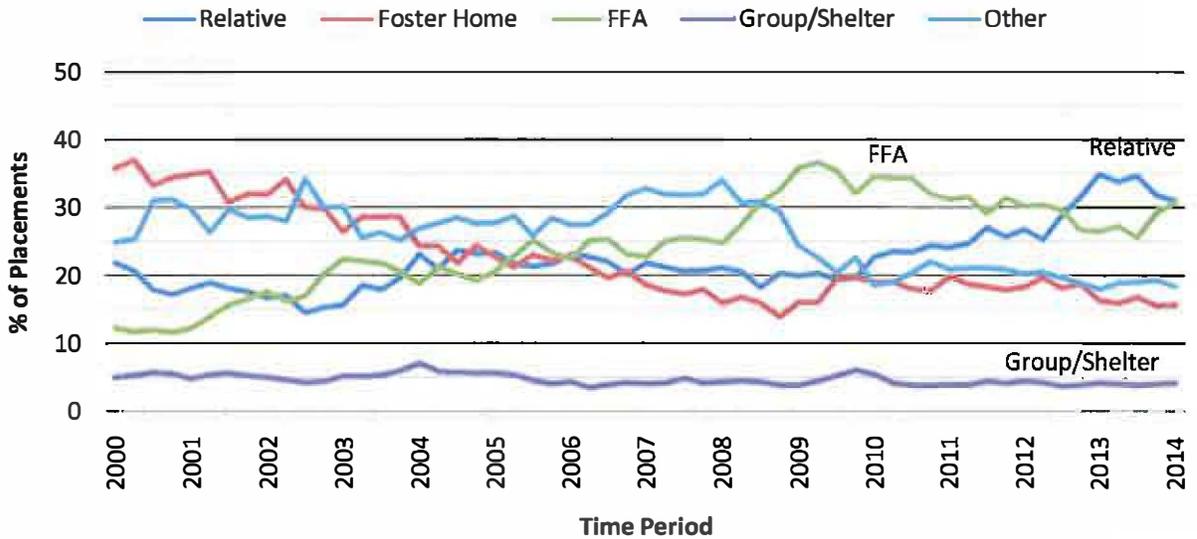
## 4B Foster Care Least Restrictive Settings First Placement - California



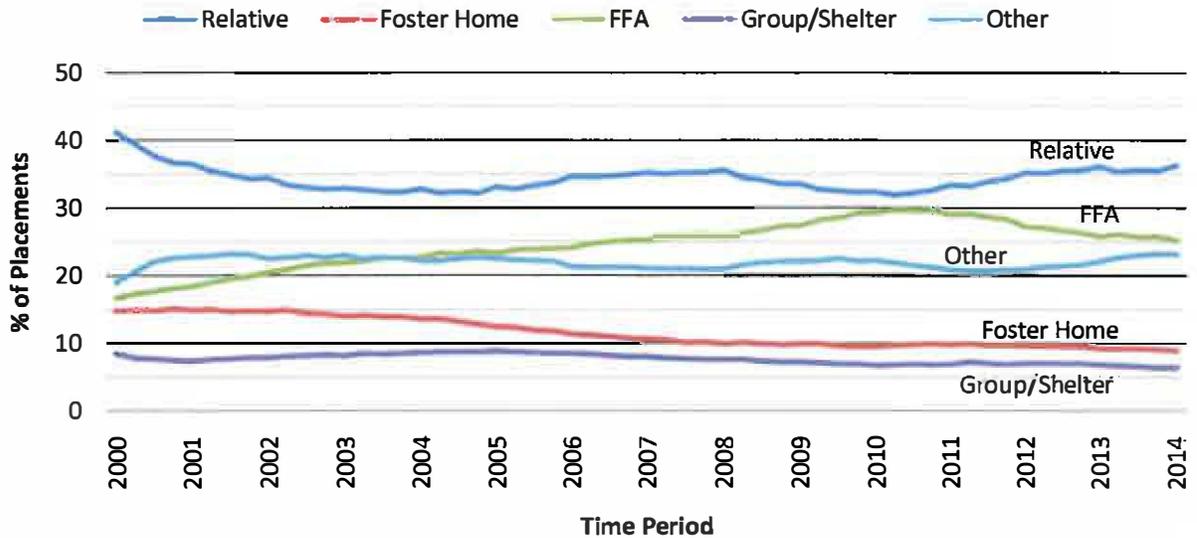
### 4B Foster Care Least Restrictive Settings (First Placement)

- There is no standard/goal for this measure
- ▼ Shasta County has a lower percent of children placed with relatives at first placement than California
- ▲ Shasta County has increased more than doubled the percent of children placed with relatives as a first placement since the start of this SIP in 2010.

### 4B Foster Care Least Restrictive Settings Point-In-Time - Shasta County



### 4B Foster Care Least Restrictive Settings Point-In-Time - California



**4B Foster Care Least Restrictive Settings (Point-in-Time Placement)**

- There is no standard/goal for this measure
- ▼ Shasta County has a lower percent of children placed with relatives than California
- ▲ Shasta County has increased the percentage of children placed with relatives since the start of this SIP in 2010.

SIP 2014 – Plan for Focus Area #5 - SIP Component 5.0 – **Build More Connections for Youth in Foster Care to family/non-related persons with whom child has connections.**

Strategies 2014 (June 2014-June 2015):

- Family Finding and Engagement - Expand Family Finding and Relative Engagement processes and include more eligible youth in connection building. Through Family Finding & Engagement relatives are located and people are identified who are willing to be involved in youth connection building. Connections with relatives and family friends are important for all children, especially for children whose families are in crisis. Relatives/NREFMs give the family support and encouragement as the parents try to resolve the problems that led to the child being removed from them. Relatives/NREFMs also help by calling and visiting the child, inviting them to their home for holidays and other occasions, remembering birthdays, etc. The Probation Department will also engage in Family Finding procedures to benefit Probation youth who may not be able to return to their homes upon release.
- Participatory Case Planning (including Transitional Independent Living Plan (TILP) and National Youth in Transition Database (NYTD) accuracy) - Expand Family Team Meetings to include connection resources in addition to placement decisions. Including a component of family community connections into Family Team Meetings to develop ongoing support in a mentoring or service oriented role.

The **Probation Department's** PQCR Focus Area and lessons learned during the CSA identified transitional planning as a focus area. A large percentage of probation placement minors age out of care while in placement. Many of these minors are unable to reunify with family members for various reasons and the need for independent living skills is imperative. This measure directly parallels the child welfare issue of facilitation/transitioning to independent functioning.

**Assessment of Federal CWS Outcomes Relative to SIP Strategies**

Federal CWS Safety Outcomes and Measures

- **Federal Outcome** - Children are first and foremost protected from abuse and neglect:
    - **Federal Measure - Indicator** – S1.1 No Recurrence of Maltreatment
      - National Standard or Goal  $\geq 94.6$
    - Shasta County Performance 2013
      - Q1 2013 = 91.5 – Q2 2013 = 93.3 – Q3 2013 = 92.9 – Q4 2013 = 92.5
    - Shasta SIP strategies implemented to prevent maltreatment and/or to reduce the recurrence of maltreatment included:
      - Community Collaboration toward Prevention of Adverse Childhood Experiences  
The strategic directions of the Collaborative toward the prevention of ACE are:
        - To increase community's capacity to ensure quality and effective linkage to appropriate services and develop county-wide procedures to improve access to services for children and families
        - To Increase protective factors; coordinate service systems; engage the community:
- Strengthening Families educational tools were posted on the Shasta Strengthening Families website: <http://www.shastastrongfamilies.org/articles/>
- Strengthening Families as a Platform for Collaboration
  - Core Meanings of Protective Factors
  - Strengthening Families for Practitioners
  - Protective Factors Defined
  - Brochure for Parents

Written policy and procedure has been developed for social workers to respond to reports of suspected abuse or neglect due to newborn infants exposed to drugs or alcohol. Additionally, this policy is intended to improve the ability of social workers to effectively identify and screen pregnant women with substance abuse issues with the goal of offering preventive services.

- SafeCare® Differential Response - Strengthening of Differential Response (DR) through implementation the SafeCare®. SafeCare® is an evidence-based home visitation program model designed for child welfare that provides direct skill training to parents in child behavior management, planned activities training, home safety training and child health skills to prevent and intervene with child maltreatment.
- CBCAP Parent Leadership - Increase opportunities for Parents/Consumers of Services to be involved in the Child Welfare Services system as parent leaders and advisors. Parent leadership education/development and parent mutual support direct services included the Parent Leadership Advisory Group (PLAG) and opportunities for increasing leadership skills, motivation to succeed, positive socialization, and development of supportive relationships to continue positive parenting.
  - Parent Leaders participated in the Court Orientation that is mandatory for those entering Child Welfare Services. Parent Leaders discuss their personal experiences of child welfare, as well offering encouragement to those entering services.
  - Parent Leaders participated in community outreach events for child abuse prevention education/outreach to strengthen families through building protective factors.
  - As Parent Leaders are progressing through their leadership development, three are now completing the application process to be formally registered as Shasta County Volunteers.
  - Parent Leaders participated in the Leaders for Change: Protective Factors in Action training.
- *Federal Outcome* - Children safely maintained in their homes whenever possible and appropriate:
  - *Federal Measure - No data indicators*
  - Shasta SIP strategies implemented to maintain children in their homes whenever possible and appropriate and/or to reduce the rate of foster care placement included:
    - Family Finding - Increase family finding efforts and relative engagement at the front end of Child Welfare Services and Juvenile Probation Intake
      - Family Search and Engagement policy and procedure has been completed to give direction to staff for the consistent and timely process of locating and verifying relatives of children in care. Whenever families are involved with the Child Welfare System in Shasta County, Children's Services conducts a formal search for relatives and absent parents, including resolution of paternity issues and compliance with Indian Child Welfare Act requirements.
    - Family Team Meetings - Increase parents/family engagement through Participatory Case Planning including Family Team Meetings.
      - The purpose of the FTM is to create a family plan that is family centered and specific to the family in order to achieve safety, and permanency for the family and the child. Relatives and family support persons are invited to FTMs so that they have the opportunity to participate in the planning process.
      - Parents new to the Child Welfare System learn at the mandatory Court Orientation presentation that FTMs can be requested by anyone, including the parent. This is the place for you to identify what's working well & what you are

worried about.” Often parents request an FTM after they have attended the Court Orientation.

- SafeCare® - Through the SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, and structured problem solving provided to voluntary and court ordered family maintenance cases.
- Structured Decision Making (SDM) and Signs of Safety (SOS) - Full implementation of Structured Decision Making (SDM) including the piloting of Signs of Safety (SOS). SOP includes SDM, SOS, plus trauma-informed practice. SOP is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques to support that a child and his or her family are the central focus and that the agency-family partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children.
  - We have created the Safety Organized Practice Implementation Science Team. This team is charged with assessing SOP for current stage of implementation and developing a plan to address gaps and/or challenges in current practice. To help the team with their assessment we have developed checklists for each stage of implementation. We are also applying Implementation Science to aid in SOP program development and evaluation.

#### Federal CWS Permanency Outcomes and Measures

- *Federal Outcome* - Children have permanency and stability in their living situations:
  - *Federal Measure - Composite* – C1 Reunification
    - National Standard or Goal  $\geq 122.6$
  - Shasta County Performance 2013
    - Q1 2013 = 135.9 – Q2 2013 = 132.7 – Q3 2013 = 131.8 – Q4 2013 = 129.4
  - Shasta SIP strategies implemented to increase the number of timely reunifications and decrease the median time to reunification while maintain our low rate of reentry included:
    - Father Finding and Engagement - Increase father finding and engagement efforts through Supporting Father Involvement. Supporting Father Involvement is a family focused, evidence-based, intervention aimed at effectively engaging fathers as a key participant in family support and strengthening. It is also a method of fostering organizational development and growth for agencies and professionals serving at-risk families.
    - Triple-P® - Application and integration of Positive Parenting Program (Triple-P®) during the first six months of Family Reunification services.
      - Triple-P® is delivered through several contracts with different community partners. Our Medi-Cal service partners have been trained in varying levels of Triple P® and provide these services to children who are receiving therapy and their parents when Triple P® is clinically indicated for treatment of the child’s mental disorder. The community partner who has been contracted to deliver our Parent Partner Program also has been trained to deliver Triple P® services to our clients as part of our Differential Response efforts. Another community partner who delivers our Visitation and Parent Class Services provides Triple P® group training to parents who have been mandated by the court to attend parenting classes. In addition Triple P® is offered to families in our system directly through our co-located mental health and drug and alcohol services providers.
      - Triple P® providers participate in the countywide evaluation of Triple P® including administering assessment and outcome tools and entering data in the County’s Scoring Application.
    - Linkages - Full implementation of Linkages to increase the socio-economic functioning of parents by providing CalWORKs support services to parents while

children are in care. Linkages is a practice that enhances intra-agency collaboration and helps to provide a broader picture of the family's needs and services utilized across programs to increase support and success for families. The focused efforts of Linkages can reduce time that the children are in foster care and increase successful reunification.

- Expedited cash aid has been set up to assist parent(s) in getting their benefits granted as quickly as possible when their children are returned to their care.
- CalWORKs has put together a team of Welfare to Work (WTW) Case Managers to provide more preventive and oversight work around WTW families that have been identified to have barriers to employment and are at risk. Children's Services is monitoring the development of the Family Stabilization Act by CalWORKs in order to better coordinate Children's Services and CalWORKs efforts to prevent child endangerment and negligence.
- SafeCare® - Through the SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, and structure problem solving is available to be provided to reunifying families when children begin trial home placement.
- Decrease # of Continued Hearings - Decrease the number of continued hearings. Welfare and Institution Code Section 366 details specific time requirements for submitting court documents and for providing those documents to all parties involved with child welfare cases. Court Reports policy and procedure was completed to provide staff guidance and training on the timely submission of court reports to support Children's Services efforts to obtain appropriate permanency by avoiding unnecessary continuances of court hearings.
- Participatory Case Planning (including Family Team meetings, SDM and SOS) – Consistently utilize Structured Decision Making (SDM) through life of case; utilize Signs of Safety (SOS) in the context of Family Team meetings (FTM) to increase Participatory Case Planning. Participatory planning is a strength-based approach to working with families and individuals who may have multiple needs that are complex. Participatory Case Planning (PCP) is family centered, culturally sensitive, and brings teams of people together (including the community) to build a plan that is strength-based and individualized. PCP uses Safety Organized Practice (SOP) uses family's ideas/input and develops behavior specific case plans
  - Through continued implementation of SOP we have utilized tools to increase family engagement and participation. SOP utilizes strategies and techniques to increase family engagement and participation. SOP includes Structured Decision Making (SDM), Signs of Safety (SOS), plus trauma-informed practice. We have implemented the Structured Decision Making (SDM) approach to child protective services that uses clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect. Child and family needs and strengths are identified and considered in developing and monitoring progress toward a case plan. SOP tools are utilized in FTMs for the child's/family's voice to be heard as well as to create a safety network for families that is outside of the service providers. PCP uses SOP to identify the 3 top areas to address regarding safety. FTMs then focus on the 3 top areas. PCP utilizes the family strengths and needs assessment SDM tool to guide family involvement. In SOP "safety" is actions of protection, taken by the caregiver, that mitigate the danger, demonstrated over time. Case plans identify what behavior, specific to the family's risks, needs to be demonstrated to show the family has changed.
- We have created the Safety Organized Practice Implementation Science Team. This team is charged with assessing SOP for current stage of implementation

and developing a plan to address gaps and/or challenges in current practice. To help the team with their assessment we have developed checklists for each stage of implementation. We are also applying Implementation Science to aid in SOP program development and evaluation.

#### Federal CWS Permanency Outcomes and Measures

- *Federal Outcome* - Children have permanency and stability in their living situations:
  - *Federal Measure - Composite* – C4 Placement Stability
    - National Standard or Goal  $\geq 101.5$
  - Shasta County Performance 2013
    - Q1 2013 = 93.5 – Q2 2013 = 94.1 – Q3 2013 = 95.8 – Q4 2013 = 96.7
  - Shasta SIP strategies implemented to keep placement moves to 2 or less included:
    - Family Finding and Engagement - Increase Family Finding and Engagement. Family Finding and Engagement is an ongoing process. Whenever families are involved with the Child Welfare System Children's Services (CS) conducts a formal search for relatives and absent parents, including resolution of paternity issues and compliance with Indian Child Welfare Act requirements. The Relative Search, Engagement & Placement policy and procedure was developed to provide staff direction for the consistent and timely process of locating and verifying relatives. For every child brought into custody, CS assesses all known/identified relatives and non-relative extended family members (Rel/NREFM) to determine their willingness and suitability to serve as a placement for the child.
    - Support Services to Secondary Care Providers, (including Triple-P®, Participatory Case Planning, and High Risk Team) - Provide support services to secondary care providers (Foster Parent, Rel/NREFM care providers, etc.)
      - Positive Parenting Program (Triple-P)® is a multi-level system of parenting and family support. Triple-P® is offered to all foster parents and an introduction to Triple-P® has been incorporated into the Foster Pride training curriculum. All Foster Care Licensing staff, the Foster Parent Liaison and the SA/HIV Public Health Nurse involved with the training and recruitment of foster parents are Triple-P® trained and are available to train others. Relative/NREFM care providers are offered Triple-P® training through FKCE. Foster and Kinship Care Education (FKCE).
      - Quality Parenting Initiative (QPI). Recruiting and retaining high-quality caregivers to provide the loving, committed, skilled care that the child needs, while working effectively with the child welfare system to reach the child's long term goals. QPI Ice Breaker Meetings policy and procedure has been. The purpose of the Ice Breaker meeting is to help create an environment of team work and compassion, and to demonstrate to the child/youth that caregiver's are united for their best interest. The Ice Breaker meeting also provides an opportunity for foster parents and birth parents to discuss the children's strengths/needs and minimizes the potential for a contentious relationship.
      - The Shasta County High Risk Team (HRT) is a support network for children and caregivers who are involved with Children's Services. The goal is to create safe, stable homes for children through collaborative team meetings, comprehensive assessment of children's needs and the development of individualized action plans. Failure to respond to children's needs in a timely and comprehensive manner can have a destabilizing effect on the child and the placement.
- *Federal Outcome* - The continuity of family relationships and connections is preserved for children.
  - *Federal Measure* - No data indicators

- Shasta SIP strategies implemented to keep build more connections for Foster Youth in care included:
  - Family Finding and Engagement - Expand Family Finding and Relative Engagement processes and include more eligible youth in connection building. Relative search and engagement is an ongoing process that occurs throughout the life of the case. Through Family Finding & Engagement relatives are located and people are identified who are willing to be involved in youth connection building. Policy and procedure has been developed for Family Finding, Engagement and Placement however, a policy and procedure needs to be formalized to facilitate verification of the safety and appropriateness of life-long connections with relatives and non-relative extended family members with youth. Connections with relatives and family friends are important for all children, especially for children whose families are in crisis. Relatives/NREFMs give the family support and encouragement as the parents try to resolve the problems that led to the child being removed from them. Relatives/NREFMs also help by calling and visiting the child, inviting them to their home for holidays and other occasions, remembering birthdays, etc. Relatives/NREFMs assist the child's social worker or probation officer in locating other relatives and family friends who might be able to help the child and family, including those who live out of state. Currently, it is the case carrying SW who determines if the identified people are appropriate and what their level of contact with the youth should be.
  - The Shasta County High Risk Team (HRT) is a support network for youth and caregivers who are involved with Children Services. A specialized case manager and high-risk team focus on early identification of high-risk youth. They work closely with care providers and social workers to access needed services. Youth are invited to the HRT, FTM and Safety Planning Meetings, as appropriate, depending the age of the youth and/or the topic discussion.
  - Participatory Case Planning (including Transitional Independent Living Plan (TILP) and National Youth in Transition Database (NYTD) accuracy) - Expand Family Team Meetings to include connection resources in addition to placement decisions.
    - Children's Services and Juvenile Probation Supervisors provide training to staff on an ongoing basis to ensure they know the requirements of completing and updating the TILP for all eligible youth.
    - CS Program Analyst generates quarterly reports from SafeMeasures to show TILPs completed, updated, or overdue.
    - Shasta County ILP provides written documentation every quarter on completed ILP services. Individual reports are provided to CS for each youth completing ILP services. Program Analyst generates reports from SafeMeasures to inform SW, Supervisors and Program Manager of the number of completed ILP services documented for each youth.

Explanation for changes in SIP Strategies

All of the prior year SIP strategies have been carried forward without significant changes.

## **Probation Strategies**

The strategy to address successful transition from foster care to independent living is ongoing. Shasta County Probation began using the Positive Achievement Change Tool (PACT) in November 2008 to better assess a minor's risks and needs at the intake level. The case plans developed are specific to each minor's assessment outcomes. If a minor must enter the foster care system we are better able to locate programs or services that can have a direct impact on the minor's future goals.

There are other services and programs within the Probation Department to attempt to address the minors' and families' needs before an out of home placement recommendation is made to the court. If those interventions are unsuccessful and the minor enters the system and is of age to be enrolled in Independent Living Program (ILP) services, the Transitional Independent Living Plan (TILP) process is completed.

One area that Probation must continue to focus on is the minor's participation in the development in his or her own transitional plan. During the PQCR focus groups the feedback indicated that the minors did not always feel in control of their plan even though they did sign off on them. Shasta County Probation staff has been trained in motivational interviewing to strengthen their skills in engaging the minors to participate and develop their own goals. Since the implementation of AB12 Shasta County Probation has 19 minors participating in extended foster care services, which indicates that minors have developed a transitional plan for themselves.

Another area of focus will be family finding for the minors; the goal is for the minor to have a supportive and invested adult in their life, even if they will not be living with the adult. The overall goal is to ensure minors emancipating or aging out of foster care are prepared to transition to adulthood. Our minors will be better prepared for adulthood through increased Independent Living Program services and further involvement of the minor in his/her own case plan development. Their participation in comprehensive case planning will lead to an increased sense of efficacy, self-sufficiency and empowerment. The probation officers continue to contact the older siblings, aunts/uncles and other extended family members to be part of the support system for the transitioning minors.

Also, Shasta County Probation began CWS/CMS training in September 2010 in order to participate and benefit from the National Youth Data Base (NYTD) information and statistics for minors 17 years or older who will age out of the juvenile system. Independent Living Program delivered services will be tracked for these minors, which will establish a baseline population that Probation can resurvey at age 19 and age 21 and then reflect on the strengths and weaknesses of our transitional planning for minors.

To provide the most intensive services for our highest at risk minors with severe mental health issues the department partners with Shasta County Mental Health to staff the WINGS team (Wraparound Interagency Network for Growth and Stability). WINGS is a collaborative effort working with minors who have a mental health diagnosis in an effort to avoid out of home placements. In 2012 to further strengthen probation resources the WINGS team added a skill builder and a parent partner to better support the needs of the minors and their parents. If community resources are not wrapped around these minors these are the minor who will go into the highest level of group home care. The skill builder works extremely hard to introduce the minors to pro social activities that will further connect them to the community. They work towards enriching the minor's connection to their school environment to address truancy issues. The parent partner focuses on the needs of the parents and supports and encourages them to complete what they need to do to support their children. Often times these are the parents that

are overwhelmed by their own mental health issues and they have a difficult time following through in getting their children the health care or educational services they need. In 2010 to further support the efforts of the probation department in strengthening our family's ability to monitor and supervise their own children the Parent Project curriculum was started. We have graduated 13 classes of the Parent Project and plan to bring in the teen component of the program in 2014. The Parent Project is a 12 week, three hours a week course that assists parents with setting boundaries for their strong willed teenagers. These efforts have had a significant impact and the number of group home placements has been reduced.

### **Regarding the 3-year Plan (CAPIT/CBCAP/PSSF/CCTF)<sup>2</sup>**

The following is a brief overview of resources including CAPIT (Child Abuse Prevention, Intervention and Treatment), CBCAP (Community Based Child Abuse Prevention) and PSSF (Promoting Safe and Stable Families) funds.

- The Shasta County Child Abuse Prevention Coordinating Council (SCCAPCC) as the commission to administer the Shasta County Children's Trust Fund (W&I §18965) has been affirmed and identified by the Shasta County Board of Supervisors (W&I §18980). The SCCAPCC collaborative body is multidisciplinary with respect to membership (W&I §18982). The SCCAPCC coordinates efforts in the community to prevent child abuse and neglect. The SCCAPCC is funded from the County Children's Trust Fund (CCTF) and other prevention and community-based funding resources such as CBCAP and CAPIT, as approved by the Board of Supervisors. The SCCAPCC is incorporated as a nonprofit agency (501(c)(3)). The SCCAPCC has implemented a protocol for interagency coordination and is required to report annually to the Board of Supervisors (W&I §18983).
- For FY13/14 – **Child Abuse Prevention Intervention and Treatment (CAPIT)** funds are expended as a:
  - Contract – Differential Response Community Parent Partner Program including evidence-informed Parenting and/or Home Visiting Services (Shasta County Child Abuse Prevention Coordinating Council)
- For FY13/14 – **Community Based Child Abuse Prevention (CBCAP)** funds are expended as:
  - Contract - Community-Based Child Abuse Prevention and Parent Leadership Program (Shasta County Child Abuse Prevention Coordinating Council)
- For FY13/14 – **Promoting Safe and Stable Families (PSSF)** funds are expended as:
  - Contract – Family Support Differential Response Community Parent Partner Program (Shasta County Child Abuse Prevention Coordinating Council)
  - Contract – Family Preservation and Time Limited Family Reunification Domestic Violence Services (Shasta Women's Refuge)
  - Family Preservation/Reunification Assistance Fund – Purchases services or goods to support family unity or reunification.
  - Family Preservation SafeCare® Home Visitation (Shasta County Health and Human Services Agency)
  - Time Limited Family Reunification Supporting Father Involvement (Shasta County Health and Human Services Agency)

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<sup>2</sup> Office of Child Abuse Prevention required component. CAPIT=Child Abuse Prevention, Intervention, and Treatment; CBCAP=Community-Based Child Abuse Prevention; PSSF=Promoting Safe and Stable Families; CCTF=County Children's Trust Fund.

- Adoption Promotion and Support services (Shasta County Health and Human Services Agency)

The “System Improvement Plan Update – 2014” will guide service delivery, including contracted services, to work toward increased and measurable improvements in the safety, permanency and well-being of children in Shasta County. It is a process of continuous quality improvement. Children’s Services is a part of Children’s Services, a branch of the Health and Human Services Agency (HHSA) that combined Social Services, Mental Health and Public Health. Collaboration with other HHSA branches is encouraged through shared support services and strategic planning among branches. The HHSA also supports and encourages collaboration with community partners.

Concurrent with the implementation of Year 5 of this SIP the next County Self-Assessment cycle will be starting in June 2014. It is anticipated that additional assessment and planning around future strategy development in the next County Self-Assessment/System Improvement Plan cycle will occur in the areas identified through the Title IV-E participation exploration workgroups. For example, continued implementation of Safety Organized Practice and Family Finding/Engagement were identified as critical intervention strategies. Resource Development/Management will be another major area to explore further. Resource Development/Management includes:

- Youth capacity development
- Youth care resources development
- Continued Evidence-based Program identification/implementation
- Staff training and development including:
  - Core Practice implementation
  - Quality Improvement
  - Quality Assurance

## **CWS/PROBATION SIP MATRIX NARRATIVE**

The basis for choosing the above outcome measures, service strategies, and evidence-based (where available) responses were from the results of the 2010, 2011/2012, and 2013 System Improvement Plans, the 2009 Peer Quality Case Review, the 2010 County Self-Assessment, and the Continuous Quality Improvement Committee where input was sought as to child welfare issues.

The Probation Department works very closely with Children’s Services. Probation Officers are physically co-located with our social workers, and the two agencies have existing Memoranda of Understanding covering various areas of practice and procedures. For the Probation Department, the number of youth who are in the child-welfare system (foster youth, youth who will not be returning home, or will be emancipating upon release from juvenile hall) is numerically small. However, the strategies and responses listed above can be applicable to probation youth, particularly those dealing with “Building more connections for youth in foster care to family/non-related persons with whom child has connections” (Focus Area #5).

The below matrices include the milestones, timeframes and proposed improvement goals for Shasta County to achieve. Through June 2015, we will continue to analyze the findings from the SIPs, CSA, PQCR and the quarterly data reports, as well as new information obtained from the various evidence-based responses, to evolve and adapt the programs as needed to improve the outcomes of safety, permanency, and well-being.

**System Improvement Plan – 2013 (June 2013 – June 2014)**

<b>Goals</b>	<b>Strategies</b>	<b>Outcome Measures</b>
Prevention of Child Maltreatment	<ul style="list-style-type: none"> <li>▪ Community Collaborative</li> <li>▪ SafeCare® Differential Response</li> <li>▪ CBCAP Parent Leadership</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participation Rates: Referral Rates</li> <li>▪ Participation Rates: Substantiation Rates</li> <li>▪ S1.1 No Recurrence of Maltreatment</li> </ul>
Reduce Rate of Foster Care Placement	<ul style="list-style-type: none"> <li>▪ Family Finding</li> <li>▪ Family Team Meetings</li> <li>▪ SafeCare®</li> <li>▪ Safety Organized Practice (SDM and SOS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participation Rates: Entry Rates</li> <li>▪ Participation Rates: In-Care Rates</li> <li>▪ C1.4 Reentry Following Reunification (Exit Cohort)</li> </ul>
Reduce Time to Reunification	<ul style="list-style-type: none"> <li>▪ Father Finding and Engagement</li> <li>▪ Triple-P®</li> <li>▪ Linkages</li> <li>▪ SafeCare®</li> <li>▪ Decrease # of Continued Hearings</li> <li>▪ Participatory Case Planning (including Family Team Meetings, Safety Organized Practice)</li> </ul>	<ul style="list-style-type: none"> <li>▪ C1 Permanency Composite 1 Timeliness and Permanency of Reunification</li> <li>C1.1 Reunification Within 12 Months (Exit Cohort)</li> <li>C1.2 Median Time to Reunification (Exit Cohort)</li> <li>C1.3 Reunification Within 12 Months (Entry Cohort)</li> <li>C1.4 Reentry Following Reunification (Exit Cohort)</li> </ul>
Increase Placement Stability	<ul style="list-style-type: none"> <li>▪ Family Finding and Engagement</li> <li>▪ Support Services to Secondary Care Providers, (including Triple-P®, Participatory Case Planning, and High Risk Team)</li> </ul>	<ul style="list-style-type: none"> <li>▪ C.4 Permanency Composite 4 Placement Stability</li> <li>C4.1 Placement Stability (8 days-12 month in care)</li> <li>C4.2 Placement Stability (12 - 24 months in care)</li> <li>C4.3 Placement Stability (24+ months in care)</li> </ul>
Build More Connections for Foster Youth in Care	<ul style="list-style-type: none"> <li>▪ Family Finding and Engagement,</li> <li>▪ Participatory Case Planning (including Transitional Independent Living Plan (TILP) and National Youth in Transition Database (NYTD) accuracy)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 4B: Least Restrictive Placement (Entries First Placement: Relative)</li> <li>▪ 4B: Least Restrictive Placement (Point in Time: Relative)</li> <li>▪ 8A: Permanency Connection with an Adult</li> </ul>

**System Improvement Plan – 2014 (June 2014 – June 2015)**

<b>Goals</b>	<b>Strategies</b>	<b>Outcome Measures</b>
Prevention of Child Maltreatment	<ul style="list-style-type: none"> <li>▪ Community Collaborative</li> <li>▪ SafeCare® Differential Response</li> <li>▪ CBCAP Parent Leadership</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participation Rates: Referral Rates</li> <li>▪ Participation Rates: Substantiation Rates</li> <li>▪ S1.1 No Recurrence of Maltreatment</li> </ul>
Reduce Rate of Foster Care Placement	<ul style="list-style-type: none"> <li>▪ Family Finding</li> <li>▪ Family Team Meetings</li> <li>▪ SafeCare®</li> <li>▪ Safety Organized Practice (SDM and SOS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participation Rates: Entry Rates</li> <li>▪ Participation Rates: In-Care Rates</li> <li>▪ C1.4 Reentry Following Reunification (Exit Cohort)</li> </ul>
Reduce Time to Reunification	<ul style="list-style-type: none"> <li>▪ Father Finding and Engagement</li> <li>▪ Triple-P®</li> <li>▪ Linkages</li> <li>▪ SafeCare®</li> <li>▪ Decrease # of Continued Hearings</li> <li>▪ Participatory Case Planning (including Family Team Meetings, Safety Organized Practice)</li> </ul>	<ul style="list-style-type: none"> <li>▪ C1 Permanency Composite 1 Timeliness and Permanency of Reunification</li> <li>C1.1 Reunification Within 12 Months (Exit Cohort)</li> <li>C1.2 Median Time to Reunification (Exit Cohort)</li> <li>C1.3 Reunification Within 12 Months (Entry Cohort)</li> <li>C1.4 Reentry Following Reunification (Exit Cohort)</li> </ul>
Increase Placement Stability	<ul style="list-style-type: none"> <li>▪ Family Finding and Engagement</li> <li>▪ Support Services to Secondary Care Providers, (including Triple-P®, Participatory Case Planning, and High Risk Team)</li> </ul>	<ul style="list-style-type: none"> <li>▪ C.4 Permanency Composite 4 Placement Stability</li> <li>C4.1 Placement Stability (8 days-12 month in care)</li> <li>C4.2 Placement Stability (12 - 24 months in care)</li> <li>C4.3 Placement Stability (24+ months in care)</li> </ul>
Build More Connections for Foster Youth in Care	<ul style="list-style-type: none"> <li>▪ Family Finding and Engagement,</li> <li>▪ Participatory Case Planning (including Transitional Independent Living Plan (TILP) and National Youth in Transition Database (NYTD) accuracy)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 4B: Least Restrictive Placement (Entries First Placement: Relative)</li> <li>▪ 4B: Least Restrictive Placement (Point in Time: Relative)</li> <li>▪ 8A: Permanency Connection with an Adult</li> </ul>

**CWS/PROBATION SIP MATRICES**

**System Improvement Plan – 2013 (June 2013 – June 2014)**

**SIP Component – Prevention of Child Maltreatment**

<p><b>Outcome/Systemic Factor:</b>                  Participation Rates: Referral Rates                  Participation Rates: Substantiation Rates                  S1.1 No Recurrence of Maltreatment</p>		
<p><b>County’s Current Performance:</b>                  Participation Rates: Referral Rates – Original performance: 77.9. Most recent performance: 84.2                  Participation Rates: Substantiation Rates – Original performance: 19.1. Most recent performance: 15.9                  S1.1 No Recurrence of Maltreatment – Original performance 89.8. Most recent performance: 92.5. National Standard/Goal: &gt;=94.6</p>		
<p><b>Improvement Goal 1.0</b>                  Participation Rates: Referral Rates – Goal: 5% improvement of original performance by June 2015 (&lt;=74.0)                  Participation Rates: Substantiation Rates (PR) – Goal: 5% improvement of original performance by June 2015 (&lt;=18.1)                  S1.1 No Recurrence of Maltreatment – Goal: 5% improvement of original performance by June 2015 (&gt;=94.3)</p>		
<p><b>Strategy 1. 1 – Community Collaboration toward Prevention of Adverse Childhood Experiences</b>                  To prevent adverse childhood experiences, the Strengthening Families Community Collaborative is working to increase community awareness of and engagement in preventing adverse childhood experiences. Subcommittee structure and work is being organized around perinatal exposure to violence and substance use, maternal mental health and emotional well being; increased protective factors for youth who identify three or more types of adverse childhood experience in their personal history; and increased parenting abilities among parents.</p>		<b>CAPIT</b>
		<b>CBCAP</b>
	X	<b>PSSF</b>
	X	<b>CWSOIP, CWS, and/or other sources.</b>
		<p><b>Strategy Rationale</b>                  Community leaders from First 5 Shasta, Shasta County Child Abuse Prevention Coordinating Council, and the three Departments that were consolidated into the Shasta County HHS (Public Health, Mental Health, and Social Services) established the Shasta County PREVENT Team to develop a comprehensive community-based strategic framework for the primary prevention of child maltreatment in Shasta County. Building on PREVENT Team work, Health and Human Services Agency Strategic Plan 2011-2020 now includes development of a community collaborative focused on prevention of adverse childhood experiences.</p>

<b>Milestone</b>	<p><b>1.1.1</b></p> <p>HHSA Children's Services to be involved and visible through continued active participation in the community collaborative focused on prevention of adverse childhood experiences.</p>	<b>Status</b>
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- Agencies in Shasta County have joined forces to address adverse childhood experiences (ACEs) in a systematic, deliberate and collaborative way. Shasta County has a high number of adverse childhood experiences (ACEs) for many reasons including poverty, drug use, lack of employment opportunities, low post-secondary educational attainment and access to health care. The Shasta County Strengthening Families Collaborative (SFC) includes about 30 individuals from community agencies and organizations. Coordinating Committee members include representatives from the Child Abuse Prevention Coordinating Council of Shasta County, First 5 Shasta, Northern Valley Catholic Social Services, Shasta County Health and Human Services Agency, Shasta County Office of Education, Shasta County Probation, Shasta Head Start, One Safe Place and Youth Violence Prevention Council of Shasta County.
- The strategic directions of the Collaborative toward the prevention of ACE are:
  - Increase protective factors among Shasta County families
  - Coordination of services systems and policies and
  - Educate and engage the community
- To increase community's capacity to ensure quality and effective linkage to appropriate services and develop county-wide procedures to improve access to services for children and families:
  - SFC Subcommittees collaborated with Shasta County HHSA to get the Brave Faces message out to appropriate audiences to de-stigmatize help-seeking for substance abuse and mental health issues.
  - Training and networking events launched for youth serving organizations to increase awareness so that organizations know where to refer clients.
  - Implemented a parent survey to assess protective factors to identify needs in the parent/family population and to guide future information gathering efforts, such as focus groups
  - An original authors of the ACE study, presented to the medical community as well as to top community leaders.
- To Increase protective factors; coordinate service systems; engage the community:
  - SFC adopted the Strengthening Families Implementation, including the five core functions: build an infrastructure to advance and sustain the work; build parent partnerships; deepen knowledge and understanding; shifting policies and practice; and ensuring accountability.
  - SFC members presented about ACE, protective factors, and the Strengthening Families Collaborative to various audiences.
  - Policy and Procedures drafted for the Mobile Family Resource Center.
  - Updated Shasta Strengthening Families Collaborative website.
- To advance the work of the Collaborative:
  - SFC members attended Collective Impact training
  - Based on the Collective Impact model and definition of a Steering Committee the Coordinating Committee intentionally changed their name to Steering Committee. This is to reflect a greater depth of leadership, accountability and guidance that the Steering Committee is committing to for the Collaborative as a whole.

<p style="text-align: center;"><b>Milestone</b></p>	<p><b>1.1.2</b></p> <p>HHSA Children’s Services staff educated and trained about the community collaborative strategies to reduce the rate of substantiated cases of child maltreatment.</p>	<p style="text-align: center;"><b>Status</b></p>	<p>HHSA Children’s Services staff were educated and trained about the community collaborative and Adverse Childhood Experiences (ACEs)</p> <ul style="list-style-type: none"> <li>• Adverse Childhood Experiences are strong predictors of later health risks and disease <ul style="list-style-type: none"> <li>○ Injuries, heart disease, cancer, suicide, smoking, drug use, numerous sexual partners, psychotropic medications</li> </ul> </li> <li>• ACEs include: <ul style="list-style-type: none"> <li>○ Abuse: Physical, sexual, emotional</li> <li>○ Family risks: Substance abuse, parental conflict, mental illness, domestic violence, incarcerated parent</li> <li>○ Neglect: Emotional, physical</li> </ul> </li> </ul> <p>Strengthening Families educational tools were posted on the Shasta Strengthening Families website: <a href="http://www.shastastrongfamilies.org/articles/">http://www.shastastrongfamilies.org/articles/</a></p> <ul style="list-style-type: none"> <li>• Strengthening Families as a Platform for Collaboration</li> <li>• Core Meanings of Protective Factors</li> <li>• Strengthening Families for Practitioners</li> <li>• Protective Factors Defined</li> <li>• Brochure for Parents</li> </ul>
<p style="text-align: center;"><b>Milestone</b></p>	<p><b>1.1.3</b></p> <p>Provide support services for high risk pregnant women. Coordinate with the Mercy Maternity Center Social Worker to do an assessment of pregnant women with identified high risk factors during pregnancy (including the use of illegal substances during pregnancy, domestic violence, prior removal of other children by CFS and current or past CFS involvement). The goals of these assessments include: offering preventative services to the client such as referrals to community resources, obtaining necessary releases of information in order to expedite the referral and investigative process and to allow for the sharing of pertinent information amongst providers, and explaining the Child Welfare investigative process in an attempt to alleviate anxiety in the client prior to delivery.</p>	<p style="text-align: center;"><b>Status</b></p>	<p>Written policy and procedural guidelines have been developed for social workers to respond to reports of suspected abuse or neglect due to newborn infants exposed to drugs or alcohol. Additionally, this policy is intended to improve the ability of social workers to effectively identify and screen pregnant women with substance abuse issues with the goal of offering preventive services.</p> <p>When a newborn infant or mother test positive for drugs or alcohol, and a child abuse/neglect report has been received, Children’s Services perform a drug/alcohol exposure evaluation and risk assessment to ensure the protection of the infant. Social workers utilize Structured Decision Making (SDM) and Safety Organized Practice (SOP) in investigations, decision making and case planning processes for substance exposed infants and their families involved in the Child Welfare System. The SDM risk assessment tool, the Risk Assessment for Substance Exposed Infants (no siblings) or (with siblings) matrices , and collateral contacts are use to determine whether or not the child is at high risk of abuse or neglect.</p>

<b>Strategy 1. 2 – SafeCare®</b>  Strengthening of Differential Response (DR) through implementation the SafeCare® evidence-based Home Visitation Project.	X	CAPIT	<b>Strategy Rationale</b> DR is a strategy to ensure child safety by expanding the ability of child welfare agencies to respond to reports of suspected child abuse/neglect. Shasta County DR is an alternative parent partner response for referrals that are evaluated out or are closed because, after investigating Children’s Services (CS) believes that the child is safe and there is no current risk of harm to the child. These referrals may still benefit from a community response if the family is experiencing stress. The core element of DR is to engage parents at early reports of suspected neglect or abuse with the goal of preventing future occurrences. The strengthening of DR through the incorporation of the evidence-based practice SafeCare® will enable the parent partners to connect with families who are considered at risk of child abuse/neglect to offer them concrete training and resources to address the neglect precursors to child abuse/neglect. Implementing SafeCare® will decrease risk factors for child maltreatment, the number of future referrals, and recurrence.	
		CBCAP		
	X	PSSF		
	X	CWSOIP, CWS, and/or other sources		
<b>Milestone</b>	<b>1.2.1</b> To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County the trained and certified Shasta SafeCare® Trainers will train and certify 6 to12 new SafeCare® Home Visitors countywide to continue to prevent child maltreatment. 2-6 of the 6-12 trained and certified SafeCare® Home Visitors will be trained and certified as SafeCare® Coaches.		<b>Status</b>	SafeCare® is an evidence-based home visitation program model designed for child welfare that provides direct skill training to parents in child behavior management, planned activities training, home safety training and child health skills to prevent and intervene with child maltreatment. Through SafeCare®, trained home visitors work with at-risk families in their home environments to improve parents’ skills in several domains. SafeCare® is generally provided in weekly home visits lasting 1-2 hours. The program typically lasts 16-24 weeks for each family.
				The Shasta County trained and certified Shasta SafeCare® Trainers trained and certified 5 new SafeCare® Home Visitors countywide to continue to prevent child maltreatment. Additionally, 4 trained and certified SafeCare® Home Visitors will be trained and certified as SafeCare® Coaches in May 2014. 136 families have completed SafeCare® that consisted of three modules and at least 16 weeks of one-on-one training.
<b>Strategy 1. 3 – CBCAP Parent Leadership</b>  Increase opportunities for Parents/Consumers of Services to be involved in the Child Welfare Services system as parent leaders and advisors.		CAPIT X CBCAP PSSF CWSOIP, CWS, and/or other sources	<b>Strategy Rationale</b> The strengthening of processes that ensures meaningful involvement by parents in the prevention/family support planning and decision-making of Child Welfare, including CAPIT/CBCAP/PSSF, funded programs will allow us to develop parent leaders to assure consumers of services have a forum to gain knowledge and provide feedback on current and future child welfare issues.	

<b>Milestone</b>	<p><b>1.3.1</b></p> <p>Continue to identify, target, and promote opportunities for increased parent involvement (e.g., Parent Leaders presenting at CWS Unit Meetings, Parent Leaders as participating members of Family Team Meeting workgroup, SIP Continuous Quality Improvement Team, Blue Ribbon, Katie A. implementation, etc.) Maintain mechanism for compensation through stipends/gift cards.</p>	<p style="text-align: center; vertical-align: middle;"><b>Status</b></p> <ul style="list-style-type: none"> <li>• Parent leadership education/development and parent mutual support direct services included the Parent Leadership Advisory Group (PLAG) and opportunities for increasing leadership skills, motivation to succeed, positive socialization, and development of supportive relationships to continue positive parenting. PLAG is a collaboration of Parent Volunteers/Leaders, Parent Partners, CS staff, and CBOs meeting monthly, working together to improve outcomes for families involved with child welfare services.</li> <li>• Parent Leaders participated in the Court Orientation that is mandatory for those entering Child Welfare Services. At this orientation, Parent Leaders sit on the panel and discuss their personal experiences of child welfare, as well offering encouragement to those entering services. Parent Leaders also now offer a parent to parent support group once a month after one of the Court Orientations. Through anonymous survey those entering child welfare services have given comments relative to the information shared by the Parent Leaders: <ul style="list-style-type: none"> <li>• “It helps a whole lot”</li> <li>• “She gave me hope and inspiration and made me feel like I can overcome everything that comes at me”</li> <li>• “Get myself clean and get my kid back and make the right choices”</li> <li>• “That I need to step up and be a parent, give it 100% and get my kid back cause they are the most important thing in life”</li> </ul> </li> <li>• As Parent Leaders have become a resource they have participated in community outreach events through SCCAPCC for child abuse prevention education/outreach to strengthen families through building protective factors.</li> <li>• PLAG Parent Leaders have grown in their expectations of themselves and each other. They have increased their skills facilitating and maintaining the organization of PLAG through developing and posting meeting ground rules.</li> <li>• As Parent Leaders are progressing through their leadership development, three are now completing the application process to be formally registered as Shasta County Volunteers.</li> <li>• One Parent Leader attended the National Certification of Parent Leaders conference in Ontario, CA. This certification was provided through the National Center on Shared Leadership and Parents Anonymous. The conference focus was The 5 Exemplary Leadership Practices, Communication, Cultural Responsiveness, Ethics and Professionalism, Life’s Balancing Act, and Individualized Action Plan. This Parent Leader has since been asked to represent PLAG on the State Team Leadership Board.</li> <li>• Together with SCCAPCC, Parent Leaders prepared, planned, and presented the annual PLAG mini-conference. The focus was Leadership Skills training in Communication &amp; Professionalism.</li> <li>• Parent Leaders participated in the Leaders for Change: Protective Factors in Action training. Parents and staff were trained to help parents identify their leadership strengths and build on them to take on new leadership roles in systems that serve children and families. Workshops focused on respecting who the parents are, how to develop their voice and leadership style, build positive relationships, and enhance their own internal strengths to create community change. Included was an in-depth training on the five Protective Factors. After completion of the training three of the Parent Leaders were offered the opportunity to become trainers of the Leaders for Change curriculum. In their skill development, they were able to practice a part of the training material at the PLAG mini-conference, leading the group of attendees in a team building activity.</li> </ul>
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<b>Milestone</b>	<p><b>1.3.2</b></p> <p>Parent Leadership portion of the Community Based Child Abuse Prevention contract with SCCAPCC strengthened to include an updated logic model, updated an evaluation component, an evidence-based/informed structure, and a structured peer review component.</p>	<b>Status</b>	<ul style="list-style-type: none"> <li>•Completed CBCAP Parent Leadership Development programs Peer Review process. Shasta County Parent Leadership Advisory Group and Glenn County Parent Leadership participated in the Peer Review process facilitated by Strategies. Objectives of part one included understanding the purpose of Peer Review, knowing the steps of the Peer Review process, becoming familiar with how to complete the self-assessment tool, and building relationships with the peer team, including learning effective forms of communication for sharing assessments and feedback. Discussion centered on the steps in the Peer Review process, Leadership and Shared Leadership, the Principles of Family Support Practice, Peer Review, the Self-Assessment Tool, and how to make the Peer Review Experience Effective. Objectives of part two included identifying strengths and challenges based on the assessment, sharing lessons learned with one another, creating an action plan to make improvements, improving skills to handle and facilitate changes, and knowing how to continue the peer review process. Detailed discussion centered on developing an action plan and strategies for addressing change. Participating in the Peer Review process from Shasta included PLAG Parent Leader Co-Chair, representatives from SCCAPCC and representative from Children’s Services. This core team obtained input from the PLAG membership for the completion of the Engaging, Retaining, and Supporting Families Parent Leadership Subscale Self-Assessment tool.</li> <li>•Continued to utilize Parent Leader program logic model, continued work on program manual, implemented client satisfaction survey, implemented self assessment tool, and pre/post assessment tool. Monthly PLAG client satisfaction surveys showed that PLAG participants were welcomed to the monthly meetings, reported positive satisfaction with the monthly meetings, and reported positive feelings that PLAG is a safe place.</li> </ul>
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**SIP Component – Reduce Rate of Foster Care Placement**

<p><b>Outcome/Systemic Factor:</b>                  Participation Rates: Entry Rates                  Participation Rates: Care Rates                  C1.4 Reentry Following Reunification (Exit Cohort)</p>											
<p><b>County’s Current Performance:</b>                  Participation Rates: Entry Rates – Original performance: 7.3. Most recent performance: 7.3                  Participation Rates: In Care Rates – Original performance: 13.6. Most recent performance: 15.6                  C1.4 Reentry Following Reunification (Exit Cohort) – Original performance: 11.8. Most recent performance: 3.4. National Standard/Goal: &lt;=9.9</p>											
<p><b>Improvement Goal 2.0 - Reduce Rate of Foster Care Placement</b>                  Participation Rates: Entry Rates – Goal: 5% improvement of original performance by June 2015 (&lt;=6.9)                  Participation Rates: in Care Rates – Goal: 5% improvement of original performance by June 2015 (&lt;=12.9)                  C1.4 Reentry Following Reunification (Exit Cohort) – Goal: 5% improvement of original performance by June 2015 (&lt;=11.2)</p>											
<p><b>Strategy 2. 1 – Family Finding</b>                  Increase family finding efforts and relative engagement at the front end of Child Welfare Services and Juvenile Probation Intake.</p>		<table border="1"> <tr><td></td><td><b>CAPIT</b></td></tr> <tr><td></td><td><b>CBCAP</b></td></tr> <tr><td></td><td><b>PSSF</b></td></tr> <tr><td><b>X</b></td><td><b>CWSOIP, CWS, and/or other sources</b></td></tr> </table>		<b>CAPIT</b>		<b>CBCAP</b>		<b>PSSF</b>	<b>X</b>	<b>CWSOIP, CWS, and/or other sources</b>	<p><b>Strategy Rationale</b>                  Social workers and juvenile probation officers can increase options for children who are unsafe in their parents’ home when family finding support services are available. Relatives and non-relative extended family members can offer solutions to reduce foster care placement by creating safety and support prior to a court intervention.</p>
	<b>CAPIT</b>										
	<b>CBCAP</b>										
	<b>PSSF</b>										
<b>X</b>	<b>CWSOIP, CWS, and/or other sources</b>										
<p><b>Milestone</b></p>	<p><b>2.1.1</b>                  Review and update Policy and Procedure for staff family finding and early engagement practices to support social workers efforts with family safety planning so that frequency of temporary custody is reduced.</p>	<p><b>Status</b></p>	<p>A Family Search and Engagement Policy and Procedures have been completed. Family search and engagement is an ongoing process. This document gives written direction to staff for the consistent and timely process of locating and verifying relatives of children in care. Whenever families are involved with the Child Welfare System (CWS) in Shasta County, Children’s Services conducts a formal search for relatives and absent parents, including resolution of paternity issues and compliance with Indian Child Welfare Act (ICWA) requirements.</p>								
<p><b>Strategy 2. 2 – Family Team Meetings</b>                  Increase parents/family engagement through Participatory Case Planning including Family Team Meetings.</p>		<table border="1"> <tr><td></td><td><b>CAPIT</b></td></tr> <tr><td></td><td><b>CBCAP</b></td></tr> <tr><td></td><td><b>PSSF</b></td></tr> <tr><td><b>X</b></td><td><b>CWSOIP, CWS, and/or other sources.</b></td></tr> </table>		<b>CAPIT</b>		<b>CBCAP</b>		<b>PSSF</b>	<b>X</b>	<b>CWSOIP, CWS, and/or other sources.</b>	<p><b>Strategy Rationale</b>                  Engaging parents/families immediately can help the social workers to address the needs of the children as well as placement resources. Engaging parents/families early on in the development of their case plan can prevent or reduce the time children spend in foster care.</p>
	<b>CAPIT</b>										
	<b>CBCAP</b>										
	<b>PSSF</b>										
<b>X</b>	<b>CWSOIP, CWS, and/or other sources.</b>										

<b>Milestone</b>	<p><b>2.2.1</b></p> <p>An initial Family Team Meeting (FTM) will be offered to parents and their family support persons. Included in the initial FTM will be the Intake and Ongoing social workers. The Interim Case Plan attached to the Detention Report will include clients being offered an initial FTM for the purpose of engaging the parents/family in participatory case planning to address needs of the children as well as placement resources.</p>	<b>Status</b>	<ul style="list-style-type: none"> <li>• The purpose of the FTM is to create a family plan that is family centered and specific to the family in order to achieve safety, and permanency for the family and the child. Relatives and family support persons are invited to FTMs so that they have the opportunity to participate in the planning process.</li> <li>• Parents new to the Child Welfare System learn about FTMs at the mandatory Court Orientation presentation. Parents hear that “FTMs are meetings to support parents through the process of reunification. The goal of FTMs is to gather a team together to develop a plan to support the safe return of the children. Every family will have an initial FTM to discuss the Case Plan, visitation, and placement. Meetings can also happen at different stages of the case. A meeting can be requested by anyone, including the parent. This is the place for you to identify what's working well &amp; what you are worried about.” Often parents request an FTM after they have attended the Court Orientation.</li> <li>• All detention reports have an interim case plan service of calling the FTM facilitator to arrange for their initial FTM. Court orientations which are held bi-monthly specifically refer to FTMs as a participatory case planning session in which family brings in their safety network for support in moving forward with their case plan services and addressing the needs of the family. Initial FTMs are occurring on a frequent basis.</li> <li>• 16 to 30 FTMs are held monthly. Meetings are happening very regularly and with much more support from social workers. Social workers have increased the use of FTM's as a case management tool and parents are contacting SWs more frequently to request FTMs and report feeling “empowered by the process”. The barriers identified are: lack of a consistent and family friendly meeting space, time limitations for the facilitators and social workers due to high volume of meeting requests and caseload sizes, and lack of consistency regarding use of SOP practice.</li> </ul>
<b>Milestone</b>	<p><b>2.2.2</b></p> <p>Review and update Family Team Meeting Policy and Procedure.</p>	<b>Status</b>	<p>The FTM process has been developed and documented by the FTM Advisory Group (which includes FTM Facilitators, Parent Leadership Advisory Group (PLAG) Parent, SW Supervisor, SWs, PH, D&amp;A, and MH).</p>

<b>Strategy 2. 3 - SafeCare®</b> Through the SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, daily home structure, and problem solving provided to voluntary and court order family maintenance cases.			<b>CAPIT</b>	<b>Strategy Rationale</b> Parents have provided feedback that classroom parenting training is not enough. Parents advocate for in-home visitation and parenting training on a regular basis to support family success.
			<b>CBCAP</b>	
		X	<b>PSSF</b>	
		X	<b>CWSOIP, CWS, and/or other sources.</b>	
<b>Milestone</b>	<b>2.3.1</b> SafeCare® home visitation in-home parent training provided to appropriate voluntary and court ordered family maintenance families by HHSa SafeCare® Home Visitors.	<b>Status</b>	<ul style="list-style-type: none"> <li>• SafeCare®, an in-home parent-training program to prevent child maltreatment, is a behavioral skill-based model focused on skills related to neglect and abuse – health, safety, parent-child interactions and structured problem solving. To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County the certified SafeCare® Coaches/Trainers trained and certified new SafeCare® Home Visitors countywide to continue to prevent child maltreatment. Additionally, a subset of the SafeCare® Home Visitors were trained and certified as SafeCare® coaches.</li> <li>• SafeCare® has been provided to voluntary and court ordered Family Maintenance cases to increase families' skills in health, safety, child interaction and problem solving.</li> <li>• The Shasta County trained and certified Shasta SafeCare® Trainers trained and certified 5 new SafeCare® Home Visitors countywide to continue to prevent child maltreatment. Additionally, 4 trained and certified SafeCare® Home Visitors will be trained and certified as SafeCare® Coaches in May 2014. 136 families have completed SafeCare® that consisted of three modules and at least 16 weeks of one-on-one training.</li> </ul>	
<b>Strategy 2. 4 – SDM and SOS</b> Full implementation of Structured Decision Making (SDM) including the implementation of Signs of Safety (SOS).			<b>CAPIT</b>	<b>Strategy Rationale</b> Signs of Safety and Structured Decision Making implemented together with Solution Focused/Motivational/Appreciative Inquiry interviewing; Family Team Meetings; Safety Mapping/Planning; and inclusion of Children's Youth/Voice lead to positive outcomes. These outcomes include decreased entry/reentry into foster care; positive inter-agency collaboration/exchange of information; increased children/youth voice in safety/safety planning/placement decisions, and increase family engagement.
			<b>CBCAP</b>	
			<b>PSSF</b>	
		X	<b>CWSOIP, CWS, and/or other sources.</b>	

<b>Milestone</b>	<p><b>2.4.1</b></p> <p>Continue participation in University of CA Davis sponsored Signs of Safety/SDM training/mentoring and implementation activities.</p>	<b>Status</b>	<ul style="list-style-type: none"> <li>• SOP includes SDM, SOS, plus trauma-informed practice. SOP is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children.</li> <li>• Contracted days have been utilized through UC Davis to present the SOP Foundational Institute to staff and to co-located providers as well as community service providers. Having all staff with foundational SOP understanding helps to facilitate utilization of a common language with the family and with each other. Staff utilizes safety mapping and safety circle tools to engage the family and family supports in cooperative safety planning.</li> <li>• Additional staff training has included: SOP Case Plans, Court reports and Visitation; SOP Family Meeting Facilitation; SOP Family Safety Networks; SOP Harm and Danger Statements; SOP Helping People Change – The Art of Asking Questions; and SOP Trauma Informed Practice.</li> <li>• Through onsite visits, UC Davis SOP Coaches have continued to help us deepen our practice and learn where we can increase SOP strategies in how we interact with families. For Ongoing Supervisors the focus has been the integration of SOP into supervision with staff to improve productive communication with families. For Intake the focus has been safety mapping and safety circles.</li> <li>• We have created the Safety Organized Practice Implementation Science Team. This team is charged with assessing SOP for current stage of implementation and developing a plan to address gaps and/or challenges in current practice. To help the team with their assessment we have developed checklists for each stage of implementation. We are also applying Implementation Science to aid in SOP program development and evaluation.</li> </ul>
<b>Milestone</b>	<p><b>2.4.2</b></p> <p>Social Workers will complete the SDM tool at every significant change throughout the life of the case, specifically at all decision points to change or decline to change the service component.</p>	<b>Status</b>	<p>SDM tools utilized by staff included:</p> <ul style="list-style-type: none"> <li>• Hotline tool – Screening tool. Accept referral for in-person response?</li> <li>• Hotline tool – Response priority. How quickly to respond?</li> <li>• Hotline tool – Path decision tool – evaluate out. Path of response.</li> <li>• Hotline tool – Path decision tool – in-person response. Path of response.</li> <li>• Safety assessment – Can the child remain safely at home?</li> <li>• Risk assessment – Should an ongoing case be opened? At what service level?</li> <li>• Family strengths and needs assessment – Focus of case plan.</li> <li>• Risk assessment – Can case be closed? If not, what level of service?</li> <li>• Reunification assessment – Can child be returned home, or should reunification efforts continue, or should permanency goal be changed?</li> </ul> <p>Supervisors are required to ask at critical points what did SDM reflect: MDT, Case Conferencing, Concurrent Case Planning MDT, etc.</p>
<b>Milestone</b>	<p><b>2.4.3</b></p> <p>Social Worker Supervisor use SafeMeasures tools and supervision time with social workers to review/ensure greater than 90% SDM usage.</p>	<b>Status</b>	<p>SW Supervisors had SafeMeasures tools available to them to use in their supervision time with social workers to review and build SDM usage. Supervisors are required to approve all SDM tools to review for correct completion.</p>

**SIP Component – Reduce Time to Reunification**

<p><b>Outcome/Systemic Factor:</b>                  C1 Reunification Composite                  C1.1 Reunification Within 12 Months (Exit Cohort)                  C1.2 Median Time to Reunification (Exit Cohort)                  C1.3 Reunification Within 12 Months (Entry Cohort)                  C1.4 Reentry Following Reunification (Exit Cohort)</p>										
<p><b>County's Current Performance:</b>                  C.1 Reunification Composite – Original performance: 98.9. Most recent performance: 129.4. National Standard/Goal: &gt;=122.6                  C1.1 Reunification Within 12 Months (Exit Cohort) – Original performance: 52.4. Most recent performance: 64.2. National Standard/Goal: &gt;=75.2                  C1.2 Median Time to Reunification (Exit Cohort) – Original performance: 11.9. Most recent performance: 8.8. National Standard/Goal: &lt;=5.4                  C1.3 Reunification Within 12 Months (Entry Cohort) – Original performance: 39.9. Most recent performance: 31.3. National Standard/Goal: &gt;=48.4                  C1.4 Reentry Following Reunification (Exit Cohort) – Original performance: 11.8. Most recent performance: 3.4. National Standard/Goal: &lt;=9.9</p>										
<p><b>Improvement Goal 3.0 - Reduce Time to Reunification</b>                  C.1 Reunification Composite – Goal: 5% improvement of original performance by June 2015 (&gt;=103.8)</p>										
<p><b>Strategy 3.1 – Father Finding and Engagement</b>                  Increase father finding and engagement efforts the through Supporting Father Involvement program.</p>	<table border="1"> <tr> <td></td> <td><b>CAPIT</b></td> <td rowspan="4"> <p><b>Strategy Rationale</b>                      The Supporting Father Involvement (SFI) program is a family focused, evidenced-based, clinical intervention aimed at effectively engaging fathers as key participants in family support and strengthening.</p> </td> </tr> <tr> <td></td> <td><b>CBCAP</b></td> </tr> <tr> <td></td> <td><b>PSSF</b></td> </tr> <tr> <td><b>X</b></td> <td><b>CWSOIP, CWS, and/or other sources</b></td> </tr> </table>		<b>CAPIT</b>	<p><b>Strategy Rationale</b>                      The Supporting Father Involvement (SFI) program is a family focused, evidenced-based, clinical intervention aimed at effectively engaging fathers as key participants in family support and strengthening.</p>		<b>CBCAP</b>		<b>PSSF</b>	<b>X</b>	<b>CWSOIP, CWS, and/or other sources</b>
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	<b>CBCAP</b>									
	<b>PSSF</b>									
<b>X</b>	<b>CWSOIP, CWS, and/or other sources</b>									
<p><b>Milestone</b></p> <p><b>3.1.1</b>                  Maintain a father engagement support group for fathers to attend to talk about their case plans. This is a confidential group that is not tied to the case plan.</p>	<p><b>Status</b></p> <p>For the past couple of years we have been implementing the evidence based Supporting Father Involvement (SFI) Curriculum. This curriculum involves two types of group interventions one for Fathers and one for co-parenting Couples. We implemented our first groups June 2012. During this past year we have implemented one round of Couples groups and two rounds of Fathers only groups. We have found that the Fathers only group tends to be more successful then the couples, but we suspect that this may be due to specific recruitment strategies. The total number of participants since June of 2012 has been 33 clients (this includes fathers and spouses). The number of participants from June 2013 to present has been eight. Eight cases (of the 33 total) have been analyzed so far. Of those 50% have reunified, 25% were voluntary cases that have since been closed and 25% are still open. In an effort to increase referrals and retention in our SFI groups, we are evaluating different points in the child welfare process where Fathers and Couples may be more receptive to participating. Some potential areas include at disposition, 6 month review and family maintenance cases. We also applied for and received some funds to help purchase food during these sessions which runs once a week for 16 weeks.</p>									

<b>Milestone</b>	<p><b>3.1.2</b> Provide community/staff education/training regarding the importance of identifying and engaging fathers for the care of the child, with research related and outcome data.</p>	<b>Status</b>	<p>Children's Services has established written policy and procedure regarding the Supporting Father Involvement Program. Supporting Father Involvement is a family focused, evidence-based, intervention aimed at effectively engaging fathers as a key participant in family support and strengthening. It is also a method of fostering organizational development and growth for agencies and professionals serving at-risk families. We continue to try to promote our fathers groups by reminding staff during case reviews and branch meetings that these groups are available to the dads and couples on their case loads. Recruitment into the Supporting Father Involvement program is an active and ongoing process that involves direct outreach through the following internal venues:</p> <ul style="list-style-type: none"> <li>• Mental Health Access team clinicians;</li> <li>• Family Team Meetings;</li> <li>• Parent Court Orientation; and</li> <li>• Parent Leadership Advisory Group</li> </ul> <p>This year as part of our overall Supporting Father involvement action plan we are working with Strategies to bring the SFI group training to our staff and interested community members. When we first started the program two years ago, we did the initial training with staff, but the focus this year will be on training new staff including more mental health clinicians and opening it up to our community partners including our Medi-Cal service delivery partners.</p>		
<p><b>Strategy 3.2 – Triple-P®</b> Application and integration of Positive Parenting Program (Triple-P)® during the first six months of Family Reunification services.</p>			<b>X</b>	<p><b>CAPIT</b> <b>CBCAP</b> <b>PSSF</b> <b>CWSOIP, CWS, and/or other sources.</b></p>	<p><b>Strategy Rationale</b> This practice is evidenced based for decreasing behavior disorders in children and has been shown to decrease child abuse when implemented on a broad scale in communities as it tailors a multi-level program specifically for the functioning level of the participants. Parent education providers will be trained to implement Triple-P® training with parents and HHSA CS Family Workers will be trained to support the Positive Parenting Program skill set during facilitation of parent-child contacts to increase parenting skills, enhance the parent-child relationship and increase child safety.</p>
<b>Milestone</b>	<p><b>3.2.1</b> Continue to integrate Positive Parenting Program (Triple-P)® into provider services, where applicable.</p>	<b>Status</b>	<p>The Triple P program is delivered through several different venues in our agency. We have several contracts with different community partners where Triple P is built in. Our Medi-Cal service partners have been trained in varying levels of Triple P and provide these services to children who are receiving therapy and their parents when Triple P® is clinically appropriate to address the child's mental disorder. The community partner who has been contracted to deliver our Parent Partner Program also has been trained to deliver Triple P services to our clients as part of our Differential Response efforts. Finally, another community partner who delivers our Visitation and Parent Class Services also has had staff trained in Triple P and provides group training to parents who have been mandated by the court to attend parenting classes.</p> <p>In addition to these community contracts Triple P is offered to families in our system directly through our mental health and drug and alcohol services.</p>		

<b>Milestone</b>	<p><b>3.2.2</b></p> <p>Implement a system in CWS/CMS to track the number of families receiving Positive Parenting Program (Triple-P)® services.</p>	<b>Status</b>	<p>Triple P® providers participate in the countywide evaluation of Triple P® including administering assessment and outcome tools and entering data in the County's Scoring Application. Although not a part of CWS/CMS, the County's Scoring Application is a web-based electronic application which stores and manages Triple P® data as input by Triple P® trained practitioners. The Scoring Application is available to all Triple P® trained practitioners for the level(s) at which individual practitioners have been trained.</p>								
	<p><b>Strategy 3.3 – Linkages</b></p> <p>Full implementation of Linkages to increase the socio-economic functioning of parents by providing CalWORKs support services to parents while children are in care.</p>		<table border="1"> <tr> <td></td> <td><b>CAPIT</b></td> <td rowspan="4"><b>Strategy Rationale</b> Linkages is a collaborative project between Children's Services and CalWORKs to integrate services for clients involved in both systems through the development of a Coordinated Services Plan. The coordinated and focused efforts of Linkages helps families reduce barriers to economic self-sufficiency, safe parenting, provides increased support services, and reduces time to reunification.</td> </tr> <tr> <td></td> <td><b>CBCAP</b></td> </tr> <tr> <td></td> <td><b>PSSF</b></td> </tr> <tr> <td><b>X</b></td> <td><b>CWSOIP, CWS, and/or other sources.</b></td> </tr> </table>		<b>CAPIT</b>	<b>Strategy Rationale</b> Linkages is a collaborative project between Children's Services and CalWORKs to integrate services for clients involved in both systems through the development of a Coordinated Services Plan. The coordinated and focused efforts of Linkages helps families reduce barriers to economic self-sufficiency, safe parenting, provides increased support services, and reduces time to reunification.		<b>CBCAP</b>		<b>PSSF</b>	<b>X</b>
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	<b>CBCAP</b>										
	<b>PSSF</b>										
<b>X</b>	<b>CWSOIP, CWS, and/or other sources.</b>										
<b>Milestone</b>	<p><b>3.3.1</b></p> <p>Continue co-location of the Linkages Coordinator at Children's Services to increase the number of Linkages eligible cases that engage in Linkages, sign a coordinated case plan, and participate in coordinated services.</p>	<b>Status</b>	<p>We have co-located the CalWORKs Linkages Coordinator at Children's Services since October 2011 to focus on integrating services for clients involved in both programs. The goal is to reduce barriers to economic self-sufficiency and safe parenting by providing coordinated services.</p> <p>The Linkages Coordinator:</p> <ul style="list-style-type: none"> <li>• Assists with coordinating resources and services</li> <li>• Acts as the WTW CalWORKs liaison to Children's Services</li> <li>• Attends the daily morning staff meeting with intake social workers (SW)</li> <li>• Works with SW to help identify potential Linkages cases and follow-up on existing Linkages attends various case staffings such as the voluntary case staffing and temporary case custody staffing</li> <li>• Works with the SW, parents and eligibility staff to help follow-up with the various public benefit programs for the family</li> <li>• Helps to schedule and attend meetings with the parents and SWs to discuss and sign coordinated case plans</li> <li>• Arranges follow-up staffing meetings with the SW and parents</li> <li>• Attends the monthly and quarterly Linkages meetings</li> </ul> <p>The focused efforts of Linkages can reduce time that the children are in foster care and increase successful reunification.</p>								

Milestone	<p><b>3.3.2</b></p> <p>Provide Linkages clients with coordinated services focused on barriers to employment and reunification including Behavioral Health services and other client-specific programs.</p>	Status	<p>The case carrying Social Worker (SW) and the Linkages Coordinator (LC) schedule a Linkages Coordinated Service Plan (CSP) meeting with the parent(s) prior to processing referrals for services. The CSP identifies agreed upon services between the parent, SW, and CalWORKs Case Manager. The SW and LC explain to the parent(s) that they are working as a team to help the family reach their goals. Each Linkages case has an assigned CalWORKs Behavioral Health Team SW to provide services. We have refined our referral process that has helped increase access to the Behavioral Health Team. Expedited cash aid has been set up to assist parent(s) in getting their benefits granted as quickly as possible when their children are returned to their care.</p>
Milestone	<p><b>3.3.3</b></p> <p>Continue to expand Linkages training and broader HHSa engagement; refining objectives and recommendations for improvement in the service system structure.</p>	Status	<p>The Linkages Project holds a monthly and quarterly meeting that involves representatives from CalWORKs, Children Services, Fiscal and Behavioral Health Team to discuss recommendations for improving the service system. There is an increase awareness of the Linkages project and philosophy by CalWORKs and Children's Services staff. The Linkages Orientation training has been given to staff at CalWORKs and Children's Services. We will continue collaborative trainings between CalWORKs and Children's Services in order to facilitate working with families in common and develop understanding and a common language. The Linkages Coordinator attends weekly Multi-Disciplinary Team case staffing to increase staff awareness of Linkages. Various communications go out to HHSa staff about Linkages, progress, and accomplishments.</p>
Milestone	<p><b>3.3.4</b></p> <p>Update written procedures and distribute monthly list identifying eligible FM/FR clients who may benefit from coordinated services.</p>	Status	<ul style="list-style-type: none"> <li>• Linkages is a practice that enhances intra-agency collaboration and helps to provide a broader picture of the family's needs and services utilized across programs to increase support and success for families. The Linkages Policy and Procedure was completed to give direction to Children's Services staff regarding successful usage of Linkages because it results in: <ul style="list-style-type: none"> <li>○ Improved communication between programs;</li> <li>○ Sharing of resources;</li> <li>○ Prevention of service duplication; and</li> <li>○ Reduction in costs.</li> </ul> </li> <li>• Open cases with families involved in both Children's Services and CalWORKs are considered Linkages cases. FM/FR cases are assessed for possible CalWORKs eligibility with those families not already receiving Linkages referred to CalWORKs, as applicable. Children's Services and CalWORKs coordinate to ensure that the CWS case plan and the Welfare-to-Work/CalWORKs case plan are aligned to meet the family's needs.</li> <li>• The Linkages Team has worked with CalWORKs to provide expedited cash aid to Linkages families that have reunified with their children. Linkages is working to expand expedited cash aid to Children's Services families and to broaden our definition of Linkages to all of the families in common that are involved with Children's Services and requesting cash aid assistance.</li> <li>• CalWORKs has put together a team of Welfare to Work (WTW) Case Managers to provide more preventive and oversight work around WTW families that have been identified to have barriers to employment and are at risk. Children's Services is monitoring the development of the Family Stabilization Act by CalWORKs in order to better coordinate Children's Services and CalWORKs efforts to prevent child endangerment and negligence.</li> </ul>

<b>Strategy 3. 4 - SafeCare®</b>			<b>CAPIT</b>	<b>Strategy Rationale</b> Parents have provided feedback that classroom parenting training is not enough. Parents advocate for in-home visitation and parenting training on a regular basis when children return home to support family success.
Through the SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, and structure problem solving provided to reunifying families when children begin trial home placement.			<b>CBCAP</b>	
		X	<b>PSSF</b>	
		X	<b>CWSOIP, CWS, and/or other sources.</b>	
<b>Milestone</b>	<b>3.4.1</b> SafeCare® home visitation in-home parent training provided to appropriate reunifying families by HHSA SafeCare® Home Visitors.	<b>Status</b>	<ul style="list-style-type: none"> <li>• SafeCare®, an in-home parent-training program to prevent child maltreatment, is a behavioral skill-based model focused on skills related to neglect and abuse – health, safety, parent-child interactions and structured problem solving. To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County the certified SafeCare® Coaches/Trainers trained and certified new SafeCare® Home Visitors countywide to continue to prevent child maltreatment. Additionally, a subset of the SafeCare® Home Visitors were trained and certified as SafeCare® coaches.</li> <li>• Our focus has been the provision of SafeCare® through Differential Response and to voluntary and court ordered family maintenance cases.</li> </ul>	
<b>Strategy 3. 5 – Decrease # of Continued Hearings</b>			<b>CAPIT</b>	<b>Strategy Rationale</b> Continued hearings can extend the length of time children spend in foster care and can delay permanency.
Decrease the number of continued hearings.			<b>CBCAP</b>	
			<b>PSSF</b>	
		X	<b>CWSOIP, CWS, and/or other sources.</b>	
<b>Milestone</b>	<b>3.5.1</b> Court Workgroup to continue to develop strategies to improve current practices (e.g., timely filing of court reports; consistent/accurate data entry for results tracking and information gathering, and working with the court on setting procedures, staff training, etc.)	<b>Status</b>	<ul style="list-style-type: none"> <li>• The Court Reports policy and procedure was completed to provide staff guidance and training on the timely submission of court reports to support Children’s Services efforts to obtain appropriate permanency by avoiding unnecessary continuances of court hearings. This policy and procedure highlights the deadlines for submission for various court reports, the flow for review, and an attachment for deadline reference. The existing staff was trained in the policy by the end of October, 2013. However, new hires since that date are in need of training. An annual refresher will be conducted.</li> <li>• Welfare and Institution Code Section 366 details specific time requirements for submitting court documents and for providing those documents to all parties involved with child welfare cases. Children’s Services will comply with these time requirements when preparing and submitting all documents for child welfare cases. To ensure timeliness, Children’s Services will complete and submit court documents in accordance with specified timelines.</li> <li>• Due to staff turnover, the Court Workgroup has not been meeting regularly. The raw data we have gathered indicates an increase in late reports and instances of no report being submitted to the Court after a period of improved timeliness. Our strategy is to reconvene the Workgroup as a Court Report Workgroup to specifically address timely Court Reports. The Workgroup would meet regularly and go over each week’s data highlighting individual employees needing assistance. Further, we plan to provide training regarding the court report policy to social workers and supervisors involved in court report writing.</li> </ul>	

<b>Strategy 3.6 – Participatory Case Planning</b>		<b>CAPIT</b>	<b>Strategy Rationale</b> Participatory case planning is a practice that is family centered, family strength-based, culturally sensitive and involves the community. It is an approach that brings teams of people together and works to build a plan that is strength-based and individualized.
Consistently utilize Structured Decision Making (SDM) through the life of the case; utilize Signs of Safety (SOS) in the context of Family Team Meetings to increase Participatory Case Planning.		<b>CBCAP</b>	
		<b>PSSF</b>	
		<b>X</b> <b>CWSOIP, CWS, and/or other sources.</b>	
<b>Milestone</b>	<p><b>3.6.1</b> Social Workers will continue to complete FTMs at significant case changes throughout the life of the case, specifically at all decision points to change or decline to change the service component. Participatory Case Plans will be completed and signed prior to court hearings.</p> <p><b>3.6.2</b> Continue to utilize the SDM Reassessment Tool and the Signs of Safety (SOS) tools in FTMs.</p>	<b>Status</b>	<ul style="list-style-type: none"> <li>▪ Participatory planning is a strength-based approach to working with families and individuals who may have multiple needs that are complex. Participatory Case Planning (PCP) is family centered, culturally sensitive, and brings teams of people together (including the community) to build a plan that is strength-based and individualized. PCP uses Safety Organized Practice (SOP) uses family’s ideas/input and develops behavior specific case plans</li> <li>▪ Social workers requests FTMs for: <ul style="list-style-type: none"> <li>• Reunification after a case review with his/her supervisor determines that it may be appropriate to begin overnight visits or return home. Ideally this FTM occurs prior to the concurrent and permanency planning multi-disciplinary team (CCPMDT) meeting, which approves the placement recommendation.</li> <li>• Permanency Planning after a case review with his/her supervisor determines that the child may not be reunited with his/her family of origin due to lack of progress on the part of the parent(s). This FTM generally occurs after the child has been in care for a number of months, and prior to the scheduled Permanency Hearing.</li> </ul> </li> <li>▪ Through continued implementation of SOP we have utilized tools to increase family engagement and participation. We use the SOP approach to collaborative teamwork in child welfare to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques to increase family engagement and participation. SOP includes Structured Decision Making (SDM), Signs of Safety (SOS), plus trauma-informed practice. We have implemented the Structured Decision Making (SDM) approach to child protective services that uses clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect. Child and family needs and strengths are identified and considered in developing and monitoring progress toward a case plan.</li> <li>▪ SOP is consistently used in the FTM process in order to address the case plan needs and adjust as appropriate. SOP tools are utilized in FTMs for the child’s/family’s voice to be heard as well as to create a safety network for families that is outside of the service providers. PCP uses SOP to identify the 3 top areas to address regarding safety. FTMs then focus on the 3 top areas. PCP utilizes the family strengths and needs assessment SDM tool to guide family involvement, Social workers have the responsibility for completing the SDM Reassessment Tool prior to the FTM. In SOP “safety” is actions of protection, taken by the caregiver, that mitigate the danger, demonstrated over time. Case plans identify what behavior, specific to the family’s risks, needs to be demonstrated to show the family has changed.</li> <li>▪ We have created the Safety Organized Practice Implementation Science Team. This team is charged with assessing SOP for current stage of implementation and developing a plan to address gaps and/or challenges in current practice. To help the team with their assessment we have developed checklists for each stage of implementation. We are also applying Implementation Science to aid in SOP program development and evaluation.</li> </ul>

**SIP Component – Placement Stability**

<p><b>Outcome/Systemic Factor:</b>                  C.4 Placement Stability Composite                  C.4.1 Placement Stability (8 Days to 12 months in care)                  C.4.2 Placement Stability (12 to 24 months in care)                  C.4.3 Placement Stability (At Least 24 Months in Care)</p>		
<p><b>County's Current Performance:</b>                  C.4 Placement Stability Composite – Original performance: 86.3. Most recent performance: 96.7. National Standard/Goal: &gt;=101.5.                  C.4.1 Placement Stability (8 Days to 12 months in care) – Original performance: 84.8. Most recent performance: 85.6. National Standard/ Goal: &gt;=86.0                  C.4.2 Placement Stability (12 to 24 months in care) – Original performance: 52.9. Most recent performance: 63.0 National Standard/Goal: &gt;=65.4                  C.4.3 Placement Stability (At Least 24 Months in Care) – Original performance: 20.4. Most recent performance: 33.5. National Standard/Goal: &gt;=41.8</p>		
<p><b>Improvement Goal 4.0</b>                  C.4 Placement Stability Composite - Goal: 5% improvement of original performance by June 2015 (&gt;=90.6)</p>		
<p><b>Strategy 4. 1</b>  <b>Family Engagement</b>                  Increase Family Finding and Engagement</p>		<p><b>CAPIT</b></p>
		<p><b>CBCAP</b></p>
		<p><b>PSSF</b></p>
	X	<p><b>CWSOIP, CWS, and/or other sources</b></p>
<p><b>Strategy Rationale</b>                  Family finding and engagement efforts facilitate the location of relatives as a placement option for children. Relative placements are more stable than non-relative placements and therefore increase placement stability, reduce foster care re-entry rates, and reduce the isolation and negative consequences on youth who exit the foster care system without long term supportive relationships. By increasing focus on family finding and engagement processes, the placement stability will be improved, as the youth and family will have a stronger connection to Relative/NREFM care providers.</p>		
<p><b>Milestone</b></p>	<p><b>4.1.1</b>                  Continue to institutionalize Family Finding and Engagement practices. Expand utilization of supports such as search engines designed to locate people. Update Guidelines and Procedures.</p>	<p><b>Status</b></p>
<ul style="list-style-type: none"> <li>Family Finding and Engagement is an ongoing process. Whenever families are involved with the Child Welfare System Children's Services (CS) conducts a formal search for relatives and absent parents, including resolution of paternity issues and compliance with Indian Child Welfare Act requirements. The Relative Search, Engagement &amp; Placement policy and procedure was developed to provide staff direction for the consistent and timely process of locating and verifying relatives. For every child brought into custody, CS assesses all known/identified relatives and non-relative extended family members (Rel/NREFM) to determine their willingness and suitability to serve as a placement for the child. If Rel/NREFM placement is not possible, the social worker (SW) continues family search and engagement to locate, contact, and support an ongoing relationship for the child. Family search and engagement continues throughout the duration of the case. Search efforts are documented and results are reported at Intake staffing and Multi-Disciplinary Team presentations. The SW reassesses for relative placement at any point of the case when there is a need for a placement change.</li> <li>Through the assessment of our permanent plan cases while working towards participation in the Title IV-E Waiver project we identified the need for a deeper level of Family Finding and Engagement practices. We have created an Implementation Science Team that is assessing Family Finding and Engagement for current stage of implementation and developing a plan to address gaps and/or challenges in current practice. To help the team with their assessment we have developed checklists for each stage of implementation. We are also applying Implementation Science to aid in program development and evaluation.</li> </ul>		

Milestone	<p><b>4.1.2</b></p> <p>Review process for clearing relatives and non-relative extended family members. Review and complete Emergency Rel/NREFM Policy and Procedure and Non-Emergency Rel/NREFM Policy and Procedure.</p>	Status	<ul style="list-style-type: none"> <li>▪ Relative Search, Engagement, and Placement Policy and Procedures have been completed.</li> <li>▪ When a relative comes forward or is located through relative finding they are provided a relative placement packet. For emergent placements, the social worker will request CLETS and CACI. If the prospective relative or any adult in the relative's home has: criminal history, lived outside of California within the past 5 years, or currently been on probation or parole, an emergent placement is not possible, the home assessment can continue on a non-emergent basis.</li> <li>▪ If a prospective relative caregiver has criminal history that does not include the non-exemptible crimes, then a placement may be possible with an exemption from the Program Manager. The relative must provide a copy of the police report regarding the crime, 3 letters of reference, a personal written statement, and documentation indicating what they have done to resolve the issue. If CLETS, CACI and Criminal Records Statement are clean then the social worker will make a visit to the home to complete the Relative Home Assessment according to standards outlined in SOC 817. All relative finding efforts are to be documented in CWS/CMS collateral notebook.</li> </ul>	
Milestone	<p><b>4.1.3</b></p> <p>Continue to provide training on the benefits, values, and use of the Family Finding and Relative Engagement processes to social workers as it relates to placement stability and to encourage full utilization of these tools.</p>	Status	<p>Family Finding and Relative Engagement is an ongoing process that occurs throughout the life of the case. All efforts to locate, contact and assess family will be recorded into CMS/CWS, placed in the hard copy file and results of these efforts are to be reported to the Court. If an initial placement is not made with a Relative or non-related extended family member (NREFM), Children's Services will, <u>throughout the life of the case</u>, search for Relative/NREFM as a placement and/or connection option. Relative search and engagement services include: interviewing the child and any known parents, relatives or friends, using internet search tools, DMV records, Government Agency Request for Driver License Identification Records Information, US Search, ICWA, and case file review. Staff training has included Family Finding, Family Search and Engagement, and Fostering Connections.</p>	
Milestone	<p><b>4.1.4</b></p> <p>Establish a Family Finding and Engagement workgroup to meet on a quarterly basis to monitor the efficacy of practices to determine improvements, if any, for programmatic and managerial use.</p>	Status	<p>The workgroup that is assessing Family Finding and Engagement for current stage of implementation and developing a plan to address gaps and/or challenges in current practice will be reconvening the Family Finding and Engagement workgroup with SW Supervisor representation from Intake and Ongoing to help monitor practices and provide staff training through Supervision.</p>	
<p><b>Strategy 4. 2 – Support Services</b> Provide support services to secondary care providers (Foster Parent, Rel/NREFM care providers, etc.)</p>		X	<p><b>CAPIT</b></p> <p><b>CBCAP</b></p> <p><b>PSSF</b></p> <p><b>CWSOIP, CWS, and/or other sources</b></p>	<p><b>Strategy Rationale</b> Providing tools, strategies, and support services to secondary care providers (foster parents, Rel/NREFM care providers, etc) will minimize placement disruption, multiple foster care placements, and reentry into foster care for children in care thereby increasing placement stability and the likelihood of permanency.</p>

<b>Milestone</b>	<b>4.2.1</b> Continue to expand Positive Parenting Program (Triple-P) <sup>®</sup> evidence-based practice to include the training of secondary care providers to increase parenting skills and enhance the care provider-child relationship and home safety.	<b>Status</b>	Positive Parenting Program (Triple-P) <sup>®</sup> is a multi-level system of parenting and family support. Its goals are to promote the independence and health of families through enhancement of parents' knowledge, skills, and confidence; to promote the development of safe, protective, and nurturing environments for children; to promote the development, growth, and social competence of young children; to reduce childhood behavioral and emotional problems and adolescent delinquency, substance abuse, and academic failure; to enhance the competence, resourcefulness, and self-sufficiency of parents in raising their children; and to reduce the incidence of child maltreatment. Triple-P <sup>®</sup> is offered to all foster parents and an introduction to Triple-P <sup>®</sup> has been incorporated into the Foster Pride training curriculum. All Foster Care Licensing staff, the Foster Parent Liaison and the SA/HIV Public Health Nurse involved with the training and recruitment of foster parents are Triple-P <sup>®</sup> trained and are available to train others. Relative/NREFM care providers are offered Triple-P <sup>®</sup> training through FKCE. Foster and Kinship Care Education (FKCE).
<b>Milestone</b>	<b>4.2.2</b> Continue to include secondary care providers in Participatory Case Planning and Placement Planning activities to ensure that all safety and protection concerns are included in the process.	<b>Status</b>	<p>The goal of the Quality Parenting Initiative (QPI) is to develop a statewide approach to recruiting and retaining high-quality caregivers to provide the loving, committed, skilled care that the child needs, while working effectively with the child welfare system to reach the child's long term goals. Shasta has embraced QPI and has developed the following brand statement:</p> <p>Excellent Shasta County Foster Parents are valued, trusted, team member who make a commitment to children in our community by:</p> <ul style="list-style-type: none"> <li>• Normalizing childhood experiences</li> <li>• Identifying and advocating for children's needs and services</li> <li>• Practicing and modeling positive and strength based parenting</li> <li>• Compassionately partnering with parents</li> <li>• Participating in training and support services with flexibility, integrity and humor</li> </ul> <p>QPI Ice Breaker Meetings policy and procedure completed. The purpose of the Ice Breaker meeting is to help create an environment of team work and compassion, and to demonstrate to the child/youth that caregiver's are united for their best interest. The Ice Breaker meeting also provides an opportunity for foster parents and birth parents to discuss the children's strengths/needs and minimizes the potential for a contentious relationship. The Policy and Procedure established directions to schedule and conduct Ice Breaker meetings for children and families involved with the Child Welfare System. Participation in any meetings between biological parent and out of home care providers are voluntary for parents and the care provides involved.</p> <p>The goals of an Ice Breaker meeting include:</p> <ul style="list-style-type: none"> <li>• Reduce the trauma of foster care placement for children;</li> <li>• Introduce parents and caregivers in order to share information;</li> <li>• Build alliances among adults when children are in congregate care;</li> <li>• Begin relationship building and a sense of teamwork; and</li> <li>• Improve everyone's ability to help a child, including the caseworker.</li> </ul>

<b>Milestone</b>	<p>4.2.3</p> <p>Continue to provide High-Risk Team meetings/services for foster parent/adoptive parent, the case carrying social workers and, the biological parent when applicable, to create a team that will support the foster parent through the creation and implementation of a individualized, intensive service package that will support the child's needs while the child is in foster care. If the child is reunified or moves into another permanent situation such as adoption, then the case manager will work to pass the service plan to the family and to a community based team, creating continuity of care, to reduce the risk of the child re-entering the system.</p>	<b>Status</b>
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- The Shasta County High Risk Team (HRT) is a support network for children and caregivers who are involved with Children's Services. The goal is to create safe, stable homes for children through collaborative team meetings, comprehensive assessment of children's needs and the development of individualized action plans. The purpose of the meeting is centered on providing support and services to children in collaboration with care providers. If a child is being transitioned due to their behaviors, social workers are to call for a High Risk Team (HRT) meeting.
- A "Transition" means, the planned move of a child/youth in foster care from one placement to another that may occur between foster parents, from foster parents to biological parents, from a higher/lower level of placement to a lower/higher level of placement, etc. When a transition is going to take place the social worker develops a transition plan in collaboration with the family and all key members associated with the case. Each transition plan must be individualized to the needs and strengths of the child(ren) involved and should ensure the child is able to maintain a relationship with siblings, relatives, and adults who are important to them. Social Workers monitor the child's physical, emotional, social, and educational development and solicit the child's input regarding the future. When a transition occurs or is being planned the following people should be informed: Clinician associated with the case, any Organizational Provider, Public Health Nurse, Family Workers, Education Liaison, the child's attorney, sibling and/or parents when appropriate, and Placement Clerk.
- The HRT concept was initiated by foster and adoptive parents who recognized that a certain percentage of our children have special needs requiring more than the average level of care and services normally provided to children in our system. It was further recognized that a failure to respond to these children's needs in a timely and comprehensive manner had a destabilizing effect on the child and the placement as well as post-adoptive homes.
- Over the past year, on average 17 HRTs have occurred on a monthly basis (low of 10 per month to a high of 22 per month).

SIP Component – **Build Connections for Foster Youth**

<p><b>Outcome/Systemic Factor:</b>                  4B Least Restrictive Placement (Entries First Placement: Relative)                  4B Least Restrictive Placement (Point in Time: Relative)                  8A Permanency Connection with an Adult</p>											
<p><b>County’s Current Performance:</b>                  4B Least Restrictive Placement (Entries First Placement: Relative) – Original performance: 4.6. Most recent performance: 9.5                  4B Least Restrictive Placement (Point in Time: Relative) – Original performance: 22.5. Most recent performance: 31.0                  8A Permanency Connection with an Adult – Original performance: 100.0. Most recent performance: 100.0</p>											
<p>Improvement Goal 5.0 - Build Connections for Foster Youth                  4B Least Restrictive Placement (Entries First Placement: Relative) - 5% improvement of original performance by June 2015 (<math>\geq 4.8</math>)                  4B Least Restrictive Placement (Point in Time: Relative) – 5% improvement of original performance by June 2015 (<math>\geq 23.6</math>)                  8A Permanency Connection with an Adult - Goal: Expand services and monitor caseload to <b>include more eligible youth</b> in Relative/NREFM, Family Team Meetings, etc. for improved quality of services-delivery to youth for family/Relative/NREFM connections.</p>											
<p><b>Strategy 5.1: Family Engagement</b>                  Expand Family Finding and Relative Engagement processes and include more eligible youth in connection building.</p>		<table border="1"> <tr> <td></td> <td><b>CAPIT</b></td> </tr> <tr> <td></td> <td><b>CBCAP</b></td> </tr> <tr> <td></td> <td><b>PSSF</b></td> </tr> <tr> <td><b>X</b></td> <td><b>CWSOIP, CWS, and/or other sources.</b></td> </tr> </table>		<b>CAPIT</b>		<b>CBCAP</b>		<b>PSSF</b>	<b>X</b>	<b>CWSOIP, CWS, and/or other sources.</b>	<p><b>Strategy Rationale</b>                  Utilize existing “Family Finding” procedures and Relative Engagement models to expand opportunities for foster youth to gain connections to positive examples and to increase permanency in placements where possible. The Probation Department will also engage in Family Finding procedures to benefit Probation youth who may not be able to return to their homes upon release (such as a sexual offender whose victim is in the home).</p>
	<b>CAPIT</b>										
	<b>CBCAP</b>										
	<b>PSSF</b>										
<b>X</b>	<b>CWSOIP, CWS, and/or other sources.</b>										
<p><b>Milestone</b></p>	<p><b>5.1.1</b>                  Train social workers and juvenile probation officers in the availability of Family Finding resources. Social Worker Supervisors use supervision time with social workers to review/encourage use and documentation of Family Finding resources.</p>	<p><b>Status</b></p>	<ul style="list-style-type: none"> <li>Relative search and engagement is an ongoing process that occurs throughout the life of the case. Staff training has included Family Finding, Family Search and Engagement, and Fostering Connections. Through Family Finding &amp; Engagement relatives are located and people are identified who are willing to be involved in youth connection building. All relative/NREFM finding efforts are to be documented in CWS/CMS collateral notebook.</li> <li>The Implementation Science Team that is assessing Family Finding and Engagement for current stage of implementation and developing a plan to address gaps and/or challenges in current practice will be identifying needed implementation strategies to help SW Supervisors and Probation Supervisors to monitor practices and provide staff direction through Supervision.</li> </ul>								

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Milestone</p>	<p><b>5.1.2</b></p> <p>Implement the clearing of Relatives and Non-Relative Extended Family Members (NREFM) for guardianship or lifelong supportive relationships with youth based upon the age and needs of the youth. Develop Guidelines and Procedures.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Status</p>	<p>Policy and procedure has been developed for Relative/NREFM placements, however, a policy and procedure needs to be formalized to facilitate verification of the safety and appropriateness of life-long connections with relatives and non-relative extended family members with youth. Connections with relatives and family friends are important for all children, especially for children whose families are in crisis. Relatives/NREFMs give the family support and encouragement as the parents try to resolve the problems that led to the child being removed from them. Relatives/NREFMs also help by calling and visiting the child, inviting them to their home for holidays and other occasions, remembering birthdays, etc. Relatives/NREFMs assist the child's social worker or probation officer in locating other relatives and family friends who might be able to help the child and family, including those who live out of state. Relatives/NREFMs may also want to consider having the child live with them until the child can safely return home. Currently, it is the case carrying SW who determines if the identified people are appropriate and what their level of contact with the youth should be.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Milestone</p>	<p><b>5.1.3</b></p> <p>Increase youth participation in support services such as High Risk Team Meetings, Family Team Meetings, Connections Meetings, and Safety Planning Meetings.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Status</p>	<p>The Shasta County High Risk Team (HRT) is a support network for youth and caregivers who are involved with Children Services. The High Risk Team concept was initiated by foster and adoptive parents who recognized that a certain percentage of our youth have special needs requiring more than the average level of care and services normally provided to youth in our system. A specialized case manager and high-risk team focus on early identification of high-risk youth. They work closely with care providers and social workers to access needed services. Youth are invited to the HRT, FTM and Safety Planning Meetings, as appropriate, depending the age of the youth and/or the topic discussion. Youth participation in HRTs is at an all time high as well as in Child and Family Team Meetings. The Court Orientation is open to all members of a family who are interested in knowing more about the Dependency system and what to expect during the life of the case.</p>

<b>Strategy 5.2: Participatory Case Planning</b> Expand Family Team Meetings to include connection resources in addition to placement decisions.			CAPIT	<b>Strategy Rationale</b> By augmenting the existing Family Team Meetings to include a component of family community connections with the intent being ongoing support in a mentoring or service oriented role.
			CBCAP	
			PSSF	
		X	CWSOIP, CWS, and/or other sources.	
<b>Milestone</b>	<b>5.2.1</b> Train social worker and Juvenile Probation Officer staff on completing and updating Transitional Independent Living Plan (TILP) with the youth. (Beginning at age 15.5 years, youth-driven, completed/updated every 6 months with participation of youth and included in court documentation.)	<b>Status</b>	<ul style="list-style-type: none"> <li>Children's Services and Juvenile Probation Supervisors provide training to staff on an ongoing basis to ensure they know the requirements of completing and updating the TILP for all eligible youth.</li> <li>CS Program Analyst generates quarterly reports from SafeMeasures to show TILPs completed, updated, or overdue. This information is provided to CS Program Manager, Supervisors, and SW.</li> </ul>	
<b>Milestone</b>	<b>5.2.2</b> Ensure accurate placement data entry to support the National Youth in Transition Database, (NYTD). Train social workers and Juvenile Probation staff to document in CWS/CMS, all ILP program training completed for inclusion in the NYTD database.	<b>Status</b>	<ul style="list-style-type: none"> <li>Placement data is input by the Placement Clerk and reviewed by the CS Program Analyst.</li> <li>Shasta County ILP provides written documentation every quarter on completed ILP services. Individual reports are provided to CS for each youth completing ILP services. This information is delivered to the case carrying SW, Supervisors, and Program Manager. To ensure accuracy of data entry all data is entered into CWS/CMS by an Office Assistant specially trained to enter this data. Data entry is reviewed for accuracy by the OA Supervisor, Program Analyst, and Program Manager.</li> </ul>	
<b>Milestone</b>	<b>5.2.3</b> Utilize a tracking system to ensure completion of TILPs and data entry for NYTD.	<b>Status</b>	<ul style="list-style-type: none"> <li>CWS/CMS Help Desk Analyst generates a monthly report of all ILP-aged youth and the ILP services documented in their case file. This information is provided to Program Manager, Supervisors and SW.</li> <li>Program Analyst generates reports from SafeMeasures to inform SW, Supervisors and Program Manager of the number of completed ILP services documented for each youth.</li> </ul>	

**System Improvement Plan – 2014 (June 2014 – June 2015)**

**SIP Component – Prevention of Child Maltreatment**

<p><b>Outcome/Systemic Factor:</b>                  Participation Rates: Referral Rates                  Participation Rates: Substantiation Rates                  S1.1 No Recurrence of Maltreatment</p>					
<p><b>County's Current Performance:</b>                  Participation Rates: Referral Rates – Original performance: 77.9. Most recent performance: 84.2                  Participation Rates: Substantiation Rates – Original performance: 19.1. Most recent performance: 15.9                  S1.1 No Recurrence of Maltreatment – Original performance 89.8. Most recent performance: 92.5. National Standard/Goal: &gt;=94.6</p>					
<p><b>Improvement Goal 1.0</b>                  Participation Rates: Referral Rates – Goal: 5% improvement of original performance by June 2015 (&lt;=74.0)                  Participation Rates: Substantiation Rates (PR) – Goal: 5% improvement of original performance by June 2015 (&lt;=18.1)                  S1.1 No Recurrence of Maltreatment – Goal: 5% improvement of original performance by June 2015 (&gt;=94.3)</p>					
<p><b>Strategy 1. 1 – Community Collaboration toward Prevention of Adverse Childhood Experiences</b>                  To prevent adverse childhood experiences, the Strengthening Families Community Collaborative is working to increase community awareness of and engagement in preventing adverse childhood experiences. Subcommittee structure and work is being organized around perinatal exposure to violence and substance use, maternal mental health and emotional well being; increased protective factors for youth who identify three or more types of adverse childhood experience in their personal history; and increased parenting abilities among parents.</p>			<b>CAPIT</b>	<p><b>Strategy Rationale</b>                  Community leaders from First 5 Shasta, Shasta County Child Abuse Prevention Coordinating Council, and the three Departments that were consolidated into the Shasta County HHSA (Public Health, Mental Health, and Social Services) established the Shasta County PREVENT Team to develop a comprehensive community-based strategic framework for the primary prevention of child maltreatment in Shasta County. Building on PREVENT Team work, Health and Human Services Agency Strategic Plan 2011-2020 now includes development of a community collaborative focused on prevention of adverse childhood experiences.</p>	
			<b>CBCAP</b>		
		X	<b>PSSF</b>		
		X	<b>CWSOIP, CWS, and/or other sources.</b>		
<b>Milestone</b>	<p><b>1.1.1</b>                  HHSA Children's Services to be involved and visible through continued active participation in the community collaborative focused on prevention of adverse childhood experiences.</p>	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	Shasta County Strengthening Families, HHSA Children's Services (CS) Administrators and Management.
<b>Milestone</b>	<p><b>1.1.2</b>                  HHSA Children's Services staff educated and trained about the community collaborative strategies to reduce the rate of substantiated cases of child maltreatment.</p>	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA CS Management, HHSA CS SW Supervisors and Training Coordinator, HHSA CS CWS Staff.

<b>Milestone</b>	<p><b>1.1.3</b></p> <p>Provide support services for high risk pregnant women. Coordinate with the Mercy Maternity Center Social Worker to do an assessment of pregnant women with identified high risk factors during pregnancy (including the use of illegal substances during pregnancy, domestic violence, prior removal of other children by CFS and current or past CFS involvement). The goals of these assessments include: offering preventative services to the client such as referrals to community resources, obtaining necessary releases of information in order to expedite the referral and investigative process and to allow for the sharing of pertinent information amongst providers, and explaining the Child Welfare investigative process in an attempt to alleviate anxiety in the client prior to delivery.</p>	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA CS Management, HHSA CS CWS Staff.								
<p><b>Strategy 1. 2 – SafeCare®</b></p> <p>Strengthening of Differential Response (DR) through implementation the SafeCare® evidence-based Home Visitation Project.</p>	<table border="1"> <tr><td></td><td><b>CAPIT</b></td></tr> <tr><td></td><td><b>CBCAP</b></td></tr> <tr><td><b>X</b></td><td><b>PSSF</b></td></tr> <tr><td><b>X</b></td><td><b>CWSOIP, CWS, and/or other sources</b></td></tr> </table>		<b>CAPIT</b>		<b>CBCAP</b>	<b>X</b>	<b>PSSF</b>	<b>X</b>	<b>CWSOIP, CWS, and/or other sources</b>	<p><b>Strategy Rationale</b></p> <p>DR is a strategy to ensure child safety by expanding the ability of child welfare agencies to respond to reports of suspected child abuse/neglect. Shasta County DR is an alternative parent partner response for referrals that are evaluated out or are closed because, after investigating Children’s Services (CS) believes that the child is safe and there is no current risk of harm to the child. These referrals may still benefit from a community response if the family is experiencing stress. The core element of DR is to engage parents at early reports of suspected neglect or abuse with the goal of preventing future occurrences. The strengthening of DR through the incorporation of the evidence-based practice SafeCare® will enable the parent partners to connect with families who are considered at risk of child abuse/neglect to offer them concrete training and resources to address the neglect precursors to child abuse/neglect. Implementing SafeCare® will decrease risk factors for child maltreatment, the number of future referrals, and recurrence.</p>			
	<b>CAPIT</b>												
	<b>CBCAP</b>												
<b>X</b>	<b>PSSF</b>												
<b>X</b>	<b>CWSOIP, CWS, and/or other sources</b>												
<b>Milestone</b>	<p><b>1.2.1</b></p> <p>To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County certified Shasta SafeCare® Trainers will train and certify new SafeCare® Home Visitors and Coaches countywide to continue to prevent child maltreatment.</p>	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	Shasta County SafeCare® Executive Committee, HHSA CS and SCAPCC Home Visitation Team, HHSA Administrators, HHSA CS Management and CWS Staff.								

<b>Strategy 1.3 – CBCAP Parent Leadership</b>  Increase opportunities for Parents/Consumers of Services to be involved in the Child Welfare Services system as parent leaders and advisors.			<b>CAPIT</b>	<b>Strategy Rationale</b> The strengthening of processes that ensures meaningful involvement by parents in the prevention/family support planning and decision-making of Child Welfare, including CAPIT/CBCAP/PSSF, funded programs will allow us to develop parent leaders to assure consumers of services have a forum to gain knowledge and provide feedback on current and future child welfare issues.		
		X	<b>CBCAP</b>			
			<b>PSSF</b>			
			<b>CWSOIP, CWS, and/or other sources</b>			
<b>Milestone</b>	<b>1.3.1</b> Continue to identify, target, and promote opportunities for increased parent involvement (e.g., Parent Leaders presenting at CWS Unit Meetings, Parent Leaders as participating members of Family Team Meeting workgroup, SIP Continuous Quality Improvement Team, Blue Ribbon, Strengthening Families Collaborative, Katie A. implementation, etc.) Maintain mechanism for compensation through stipends/gift cards.	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA CS Administrators and Management, SCAPCC, HHSA CS SW Supervisors, HHSA CS Program Analyst.	
<b>Milestone</b>	<b>1.3.2</b> Parent Leadership portion of the Community Based Child Abuse Prevention contract with SCCAPCC strengthened to include an updated logic model, an updated evaluation component, an evidence-based/informed structure, and a structured peer review component.	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	SCAPCC, HHSA CS Administrators and Management, HHSA CS Program Analyst.	

**SIP Component – Reduce Rate of Foster Care Placement**

<p><b>Outcome/Systemic Factor:</b>                  Participation Rates: Entry Rates                  Participation Rates: Care Rates                  C1.4 Reentry Following Reunification (Exit Cohort)</p>					
<p><b>County’s Current Performance:</b>                  Participation Rates: Entry Rates – Original performance: 7.3. Most recent performance: 7.3                  Participation Rates: In Care Rates – Original performance: 13.6. Most recent performance: 15.6                  C1.4 Reentry Following Reunification (Exit Cohort) – Original performance: 11.8. Most recent performance: 3.4. National Standard/Goal: &lt;=9.9</p>					
<p><b>Improvement Goal 2.0 - Reduce Rate of Foster Care Placement</b>                  Participation Rates: Entry Rates – Goal: 5% improvement of original performance by June 2015 (&lt;=6.9)                  Participation Rates: in Care Rates – Goal: 5% improvement of original performance by June 2015 (&lt;=12.9)                  C1.4 Reentry Following Reunification (Exit Cohort) – Goal: 5% improvement of original performance by June 2015 (&lt;=11.2)</p>					
<p><b>Strategy 2. 1 – Family Finding</b>                  Increase family finding efforts and relative engagement at the front end of Child Welfare Services and Juvenile Probation Intake.</p>		<p><b>CAPIT</b></p> <p><b>CBCAP</b></p> <p><b>PSSF</b></p> <p><b>X CWSOIP, CWS, and/or other sources</b></p>	<p><b>Strategy Rationale</b>                  Social workers and juvenile probation officers can increase options for children who are unsafe in their parents’ home when family finding support services are available. Relatives and non-relative extended family members can offer solutions to reduce foster care placement by creating safety and support prior to a court intervention.</p>		
<p><b>Milestone</b></p>	<p><b>2.1.1</b>                  Review and update, as needed, Policy and Procedure for staff family finding and early engagement practices to support social workers efforts with family safety planning so that frequency of temporary custody is reduced.</p>	<p><b>Timeframe</b></p>	<p>June 2014 – June 2015</p>	<p><b>Assigned to</b></p>	<p>HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst, and Juvenile Probation.</p>
<p><b>Strategy 2. 2 – Family Team Meetings</b>                  Increase parents/family engagement through Participatory Case Planning including Family Team Meetings.</p>		<p><b>CAPIT</b></p> <p><b>CBCAP</b></p> <p><b>PSSF</b></p> <p><b>X CWSOIP, CWS, and/or other sources.</b></p>	<p><b>Strategy Rationale</b>                  Engaging parents/families immediately can help the social workers to address the needs of the children as well as placement resources. Engaging parents/families early on in the development of their case plan can prevent or reduce the time children spend in foster care.</p>		

<b>Milestone</b>	<p><b>2.2.1</b></p> <p>An initial Family Team Meeting (FTM) will be offered to parents and their family support persons. Included in the initial FTM will be the Intake and Ongoing social workers. The Interim Case Plan attached to the Detention Report will include clients being offered an initial FTM for the purpose of engaging the parents/family in participatory case planning to address needs of the children as well as placement resources.</p>	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	<p>HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS FTM Advisory Workgroup, HHSA CS SW Staff.</p>
<b>Milestone</b>	<p><b>2.2.2</b></p> <p>Review and update Family Team Meeting Policy and Procedure.</p>	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	<p>HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS FT Advisory Workgroup, HHSA CS Program Analyst.</p>
<p><b>Strategy 2.3 - SafeCare®</b></p> <p>Through the SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, daily home structure, and problem solving provided to voluntary and court order family maintenance cases.</p>		X	CAPIT	<p><b>Strategy Rationale</b></p> <p>Parents have provided feedback that classroom parenting training is not enough. Parents advocate for in-home visitation and parenting training on a regular basis to support family success.</p>	
			CBCAP		
		X	PSSF		
		X	CWSOIP, CWS, and/or other sources.		
<b>Milestone</b>	<p><b>2.3.1</b></p> <p>SafeCare® home visitation in-home parent training provided to appropriate voluntary and court ordered family maintenance families by HHSA SafeCare® Home Visitors.</p>	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	<p>Shasta County SafeCare® Executive Committee, HHSA CS SW Supervisor SafeCare® Coordinator, HHSA CS Home Visitation Team.</p>

<b>Strategy 2. 4 – SOP (SDM and SOS)</b> Full implementation of Safety Organized Practice (SOP). SOP includes SDM, SOS, plus trauma-informed practice.			<b>CAPIT</b>	<b>Strategy Rationale</b> Signs of Safety and Structured Decision Making implemented together with Solution Focused/Motivational/Appreciative Inquiry interviewing; Family Team Meetings; Safety Mapping/Planning; and inclusion of Children’s Youth/Voice lead to positive outcomes. These outcomes include decreased entry/reentry into foster care; positive inter-agency collaboration/exchange of information; increased children/youth voice in safety/safety planning/placement decisions, and increase family engagement.
			<b>CBCAP</b>	
			<b>PSSF</b>	
		<b>X</b>	<b>CWSOIP, CWS, and/or other sources.</b>	
<b>Milestone</b>	<b>2.4.1</b> Continue participation in University of CA Davis sponsored and/or in-house provided Safety Organized Practice (SOP) training/mentoring and implementation activities.	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b> HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS SW Staff, HHSA CS Program Analyst.
<b>Milestone</b>	<b>2.4.2</b> Social Workers will complete the SDM tool at every significant change throughout the life of the case, specifically at all decision points to change or decline to change the service component.	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b> HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS SW Staff.
<b>Milestone</b>	<b>2.4.3</b> Social Worker Supervisor use Safe Measures tools and supervision time with social workers to review/ensure greater than 90% SDM usage.	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b> HHSA CS SW and Staff Development Supervisors, HHSA CS SW Staff.

**SIP Component – Reduce Time to Reunification**

<p><b>Outcome/Systemic Factor:</b>                  C1 Reunification Composite                  C1.1 Reunification Within 12 Months (Exit Cohort)                  C1.2 Median Time to Reunification (Exit Cohort)                  C1.3 Reunification Within 12 Months (Entry Cohort)                  C1.4 Reentry Following Reunification (Exit Cohort)</p>					
<p><b>County's Current Performance:</b>                  C.1 Reunification Composite – Original performance: 98.9. Most recent performance: 129.4. National Standard/Goal: &gt;=122.6                  C1.1 Reunification Within 12 Months (Exit Cohort) – Original performance: 52.4. Most recent performance: 64.2. National Standard/Goal: &gt;=75.2                  C1.2 Median Time to Reunification (Exit Cohort) – Original performance: 11.9. Most recent performance: 8.8. National Standard/Goal: &lt;=5.4                  C1.3 Reunification Within 12 Months (Entry Cohort) – Original performance: 39.9. Most recent performance: 31.3. National Standard/Goal: &gt;=48.4                  C1.4 Reentry Following Reunification (Exit Cohort) – Original performance: 11.8. Most recent performance: 3.4. National Standard/Goal: &lt;=9.9</p>					
<p><b>Improvement Goal 3.0 - Reduce Time to Reunification</b>                  C.1 Reunification Composite – Goal: 5% improvement of original performance by June 2015 (&gt;=103.8)</p>					
<p><b>Strategy 3.1 – Father Finding and Engagement</b>                  Increase father finding and engagement efforts the through Supporting Father Involvement program.</p>			<b>CAPIT</b>	<p><b>Strategy Rationale</b>                  The Supporting Father Involvement (SFI) program is a family focused, evidenced-based, clinical intervention aimed at effectively engaging fathers as key participants in family support and strengthening.</p>	
			<b>CBCAP</b>		
			<b>PSSF</b>		
		X	<b>CWSOIP, CWS, and/or other sources</b>		
<b>Milestone</b>	<p><b>3.1.1</b>                  Maintain a father engagement support group for fathers to attend to talk about their case plans. This is a confidential group that is not tied to the case plan. Continue efforts to create/maintain father friendly environments.</p>	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS MH CDC, HHSA CS Program Analyst.
<b>Milestone</b>	<p><b>3.1.2</b>                  Provide community/staff education/training regarding the importance of identifying and engaging fathers for the care of the child, with research related and outcome data.</p>	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS Staff Development Supervisor, HHSA CS MH CDC, HHSA CS Program Analyst.

<b>Strategy 3. 2 – Triple-P®</b> Application and integration of Positive Parenting Program (Triple-P)® during the first six months of Family Reunification services.			<b>CAPIT</b>	<b>Strategy Rationale</b> This practice is evidenced based for decreasing behavior disorders in children and has been shown to decrease child abuse when implemented on a broad scale in communities as it tailors a multi-level program specifically for the functioning level of the participants. Parent education providers will be trained to implement Triple-P® training with parents and HHSA CS Family Workers will be trained to support and reinforce the Positive Parenting Program skill set during facilitation of parent-child contacts to increase parenting skills, enhance the parent-child relationship and increase child safety.			
			<b>CBCAP</b>				
			<b>PSSF</b>				
		X	<b>CWSOIP, CWS, and/or other sources</b>				
<b>Milestone</b>	<b>3.2.1</b> Continue to integrate Positive Parenting Program (Triple-P)® into provider services, where applicable.			<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	SIP Core Committee, HHSA contracts staff, HHSA CS Program Managers, County Counsel, and Service Providers.
<b>Milestone</b>	<b>3.2.2</b> Maintain a system to track the number of families receiving Positive Parenting Program (Triple-P)® services.			<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.
<b>Strategy 3. 3 – Linkages</b> Full implementation of Linkages to increase the socio-economic functioning of parents by providing CalWORKs support services to parents while children are in care.			<b>CAPIT</b>	<b>Strategy Rationale</b> Linkages is a collaborative project between Children’s Services and CalWORKs to integrate services for clients involved in both systems through the development of a Coordinated Services Plan. The coordinated and focused efforts of Linkages helps families reduce barriers to economic self-sufficiency, safe parenting, provides increased support services, and reduces time to reunification.			
			<b>CBCAP</b>				
			<b>PSSF</b>				
		X	<b>CWSOIP, CWS, and/or other sources.</b>				
<b>Milestone</b>	<b>3.3.1</b> Continue co-location of the Linkages Coordinator at Children’s Services to increase the number of Linkages eligible cases that engage in Linkages, sign a coordinated case plan, and participate in coordinated services.			<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA Linkages Team, HHSA CS and CalWORKs management.

<b>Milestone</b>	<b>3.3.2</b> Provide Linkages clients with coordinated services focused on barriers to employment and reunification including Behavioral Health services and other client-specific programs.	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA Linkages Team, HHSA CS social workers and CalWORKs case managers, HHSA Behavioral Health Team and CS Clinical Staff.
<b>Milestone</b>	<b>3.3.3</b> Continue to expand Linkages training and broader HHSA engagement; refining objectives and recommendations for improvement in the service system structure.	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA Linkages Team, HHSA CS Staff Development Supervisor and CalWORKs Training Manager, HHSA Community Education Specialists.
<b>Milestone</b>	<b>3.3.4</b> Review and update written procedures and monthly list identifying eligible FM/FR clients who may benefit from coordinated services.	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA Linkages Team, HHSA CS and CalWORKs Program Analysts.
Strategy 3. 4 - SafeCare® Through the SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, and structure problem solving provided to reunifying families when children trial home placement.			<b>CAPIT</b>	<b>Strategy Rationale</b> Parents have provided feedback that classroom parenting training is not enough. Parents advocate for in-home visitation and parenting training on a regular basis when children return home to support family success.	
			<b>CBCAP</b>		
		X	<b>PSSF</b>		
		X	<b>CWSOIP, CWS, and/or other sources.</b>		
<b>Milestone</b>	<b>3.4.1</b> SafeCare® home visitation in-home parent training provided to appropriate reunifying families by HHSA SafeCare® Home Visitors.	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	Shasta County SafeCare® Executive Committee, HHSA CS SW Supervisor SafeCare® Coordinator, HHSA CS Home Visitation Team.
Strategy 3. 5 – Decrease # of Continued Hearings Decrease the number of continued hearings			<b>CAPIT</b>	<b>Strategy Rationale</b> Continued hearings can extend the length of time children spend in foster care and can delay permanency.	
			<b>CBCAP</b>		
			<b>PSSF</b>		
		X	<b>CWSOIP, CWS, and/or other sources.</b>		

<b>Milestone</b>	<b>3.5.1</b> Court Workgroup to continue to develop strategies to improve current practices (e.g., timely filing of court reports; consistent/accurate data entry for results tracking and information gathering, and working with the court on setting procedures, staff training, etc.)		<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS SW Supervisors and Staff, HHSA CS Court Workgroup, Blue Ribbon Committee.	
<b>Strategy 3. 6 – Participatory Case Planning</b>			<b>Strategy Rationale</b>				
Consistently utilize Structured Decision Making (SDM) through the life of the case; Safety Organized Practice (SOP) in the context of Family Team Meetings to increase Participatory Case Planning.			Participatory case planning is a practice that is family centered, family strength-based, culturally sensitive and involves the community. It is an approach that brings teams of people together and works to build a plan that is strength-based and individualized.				
							CAPIT
							CBCAP
		X					PSSF
		X	CWSOIP, CWS, and/or other sources.				
<b>Milestone</b>	<b>3.6.1</b> Social Workers will continue to complete FTMs at significant case changes throughout the life of the case, specifically at all decision points to change or decline to change the service component. Participatory Case Plans will be completed and signed prior to court hearings.		<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS SW Supervisors and Staff, HHSA FTM Advisory Workgroup.	
<b>Milestone</b>	<b>3.6.2</b> Continue to utilize the SDM Reassessment Tool and the Safety Organized Practice (SOP) tools in FTMs.		<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS FTM Advisory Workgroup, HHSA CS SW Staff.	

## SIP Component – Placement Stability

<b>Outcome/Systemic Factor:</b>						
C.4 Placement Stability Composite						
C.4.1 Placement Stability (8 Days to 12 months in care)						
C.4.2 Placement Stability (12 to 24 months in care)						
C.4.3 Placement Stability (At Least 24 Months in Care)						
<b>County's Current Performance:</b>						
C.4 Placement Stability Composite – Original performance: 86.3. Most recent performance: 96.7. National Standard/Goal: >=101.5.						
C.4.1 Placement Stability (8 Days to 12 months in care) – Original performance: 84.8. Most recent performance: 85.6. National Standard/ Goal: >=86.0						
C.4.2 Placement Stability (12 to 24 months in care) – Original performance: 52.9. Most recent performance: 63.0 National Standard/Goal: >=65.4						
C.4.3 Placement Stability (At Least 24 Months in Care) – Original performance: 20.4. Most recent performance: 33.5. National Standard/Goal: >=41.8						
<b>Improvement Goal 4.0</b>						
C.4 Placement Stability Composite - Goal: 5% improvement of original performance by June 2015 (>=90.6)						
<b>Strategy 4. 1 - Family Engagement</b> Increase Family Finding and Engagement			CAPIT	<b>Strategy Rationale</b> Family finding and engagement efforts facilitate the location of relatives as a placement option for children. Relative placements are more stable than non-relative placements and therefore increase placement stability, reduce foster care re-entry rates, and reduce the isolation and negative consequences on youth who exit the foster care system without long term supportive relationships. By increasing focus on family finding and engagement processes, the placement stability will be improved, as the youth and family will have a stronger connection to the foster or Relative/NREFM care providers.		
			CBCAP			
			PSSF			
		X	CWSOIP, CWS, and/or other sources			
<b>Milestone</b>	<b>4.1.1</b> Continue to institutionalize Family Finding and Engagement practices. Expand utilization of supports such as search engines designed to locate people. Update, as needed, Policy and Procedures.	<b>Timeframe</b>		June 2014 – June 2015	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.
<b>Milestone</b>	<b>4.1.2</b> Review and update, as needed, Emergency Rel/NREFM policy and procedure and Non-Emergency Rel/NREFM Policy and Procedures.			June 2014 – June 2015		HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.
<b>Milestone</b>	<b>4.1.3</b> Continue to provide training on the benefits, values, and use of the Family Finding and Relative Engagement processes to social workers as it relates to placement stability and to encourage full utilization of these tools.			June 2014 – June 2015		HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.

<b>Milestone</b>	4.1.4 Re-establish a Family Finding and Engagement workgroup to meet on a quarterly basis to monitor the efficacy of practices to determine improvements, if any, for programmatic and managerial use.	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.
<b>Strategy 4.2 – Support Services</b> Provide support services to secondary care providers (Foster Parent, Rel/NREFM care providers, etc.)		CAPIT CBCAP PSSF X CWSOIP, CWS, and/or other sources	<b>Strategy Rationale</b> Providing tools, strategies, and support services to secondary care providers (foster parents, Rel/NREFM care providers, etc) will minimize placement disruption, multiple foster care placements, and reentry into foster care for children in care thereby increasing placement stability and the likelihood of permanency.		
<b>Milestone</b>	4.2.1 Continue to expand Positive Parenting Program (Triple-P) <sup>®</sup> evidence-based practice to include the training of secondary care providers to increase parenting skills and enhance the care provider-child relationship and home safety.	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA CS Administrators and Management, Trained Triple-P <sup>®</sup> Providers, HHSA CS Program Analyst.
<b>Milestone</b>	4.2.2 Continue to include secondary care providers in Family Team Meetings and Placement Planning activities to ensure that all safety and protection concerns are included in the process.	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS SW Staff.
<b>Milestone</b>	4.2.3 Continue to provide High-Risk Team meetings/services for children in collaboration with foster parent/adoptive parent, the case carrying social workers and, the biological parent when applicable, to create a team that will support the child through the creation and implementation of a individualized, intensive service package that will support the child’s needs while the child is in foster care. If the child is reunified or moves into another permanent situation such as adoption, then the case manager will work to pass the service plan to the family and to a community based team, creating continuity of care, to reduce the risk of the child re-entering the system.	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS HRT Advisory Workgroup, HHSA CS SW Staff.

**SIP Component – Build Connections for Foster Youth**

<p><b>Outcome/Systemic Factor:</b>                  4B Least Restrictive Placement (Entries First Placement: Relative)                  4B Least Restrictive Placement (Point in Time: Relative)                  8A Permanency Connection with an Adult</p>						
<p><b>County’s Current Performance:</b>                  4B Least Restrictive Placement (Entries First Placement: Relative) – Original performance: 4.6. Most recent performance: 9.5                  4B Least Restrictive Placement (Point in Time: Relative) – Original performance: 22.5. Most recent performance: 31.0                  8A Permanency Connection with an Adult – Original performance: 100.0. Most recent performance: 100.0</p>						
<p>Improvement Goal 5.0 - Build Connections for Foster Youth                  4B Least Restrictive Placement (Entries First Placement: Relative) - 5% improvement of original performance by June 2015 (<math>\geq 4.8</math>)                  4B Least Restrictive Placement (Point in Time: Relative) – 5% improvement of original performance by June 2015 (<math>\geq 23.6</math>)                  8A Permanency Connection with an Adult - Goal: Expand services and monitor caseload to <b>include more eligible youth</b> in Relative/NREFM, Family Team Meetings, etc. for improved quality of services-delivery to youth for family/Relative/NREFM connections.</p>						
<p><b>Strategy 5.1: Family Engagement</b>                  Expand Family Finding and Relative Engagement processes and include more eligible youth in connection building.</p>		<p>CAPIT</p> <p>CBCAP</p> <p>PSSF</p> <p>X CWSOIP, CWS, or other sources.</p>	<p><b>Strategy Rationale</b>                  Utilize existing “Family Finding” procedures and Relative Engagement models to expand opportunities for foster youth to gain connections to positive examples and to increase permanency in placements where possible. The Probation Department will also engage in Family Finding procedures to benefit Probation youth who may not be able to return to their homes upon release.</p>			
<b>Milestone</b>	<p><b>5.1.1</b>                  Train social workers and juvenile probation officers in the availability of Family Finding resources. Social Worker Supervisors use supervision time with social workers to review/encourage use and documentation of Family Finding resources.</p>	<b>Timeframe</b>	<p>June 2014 – June 2015</p>	<b>Assigned to</b>	<p>HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst, and Juvenile Probation.</p>	
<b>Milestone</b>	<p><b>5.1.2</b>                  Implement the clearing of Relatives and Non-Relative Extended Family Members (NREFM) for guardianship or lifelong supportive relationships with youth based upon the age and needs of the youth. Develop process, policy and procedure.</p>	<b>Timeframe</b>	<p>June 2014 – June 2015</p>	<b>Assigned to</b>	<p>HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst, and Juvenile Probation.</p>	
<b>Milestone</b>	<p><b>5.1.3</b>                  Increase youth participation in support services such as High Risk Team Meetings, Family Team Meetings, Connections Meetings, and Safety Planning Meetings.</p>	<b>Timeframe</b>	<p>June 2014 – June 2015</p>	<b>Assigned to</b>	<p>HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, Juvenile Probation Supervisors, HHSA CS Program Analyst.</p>	

<b>Strategy 5.2: Participatory Case Planning</b> Expand Family Team Meetings to include connection resources in addition to placement decisions.			CAPIT	<b>Strategy Rationale</b> By augmenting the existing Family Team Meetings to include a component of family community connections with the intent being ongoing support in a mentoring or service oriented role.		
			CBCAP			
			PSSF			
		X	CWSOIP, CWS, and/or other sources.			
<b>Milestone</b>	<b>5.2.1</b> Train social worker and Juvenile Probation Officer staff on completing and updating Transitional Independent Living Plan (TILP) with the youth. (Beginning at age 15.5 years, youth-driven, completed/updated every 6 months with participation of youth and included in court documentation.)	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, Juvenile Probation Supervisors, HHSA CS Program Analyst, Transition Age Foster Youth (TAFY) Committee.	
<b>Milestone</b>	<b>5.2.2</b> Ensure accurate placement data entry to support the National Youth in Transition Database, (NYTD). Train social workers and Juvenile Probation Officers to document in CWS/CMS, all ILP program training completed for inclusion in the NYTD database.	<b>Timeframe</b>	June 2014 – June 2015	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, Juvenile Probation Supervisors, HHSA CS Program Analyst.	
<b>Milestone</b>	<b>5.2.3</b> Utilize a tracking system to ensure completion of TILPs and data entry for NYTD.		June 2014 – June 2015		HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.	
<b>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</b> As the Health and Human Services Agency continues to evolve and coordinate local and regional services (decentralized services), and as the various department/unit functions evolve, we continue to identify training issues and coordination of services issues.						
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Expanded education of social worker staff and HHSA partners on Positive Parenting Program (Triple-P)®, Strengthening Families Initiative, SafeCare®, Parent Leadership, Safety Organized Practice, and other evidence-based, evidence-informed, or best practices as to their applicability to the current System Improvement Plan.						
<b>Identify roles of the other partners in achieving the improvement goals.</b> Cross-training and subject matter advice by Shasta County Child Abuse Prevention Coordinating Council to the HHSA team. Continued collaboration with community partners around prevention of ACE Collaborative. Continued cross-training and inclusion of non-profit organizations such as Youth and Family, One Safe Place, and NVCSS in the formulation and monitoring of improvement objectives and goals.						
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> Support and implementation of SB2030 workload standards.						

## **CHILD WELFARE SERVICES OUTCOME IMPROVEMENT PROJECT (CWSOIP) FUNDS NARRATIVE**

CWSOIP funds are intended to support county efforts to improve safety, permanency, and well-being for children and families by providing counties with additional resources for activities such as implementing new procedures, providing special training to staff or caregivers, purchasing services to address unmet needs, conducting focused/targeted recruitment of caregivers, or improving coordination between public and/or private agencies or any other activity that addresses an AB636 outcome identified by the county as an area needing improvement.

Shasta County used the CWSOIP funds to support the following SIP outcome improvement strategies over the previous fiscal year:

- **Differential Response - DR** is a strategy to ensure child safety by expanding the ability of child welfare agencies to respond to reports of suspected child abuse/neglect. Shasta County DR is an alternative community response for referrals that are evaluated out or are closed because, after investigating CS believes that the child is safe and there is no current risk of harm to the child. These referrals may still benefit from a community response if the family is experiencing challenges that are stressing functional capabilities. The core element of DR is to engage parents at early reports of suspected neglect or abuse with the goal of preventing future occurrences.
- **Triple-P®** - Application and integration of Positive Parenting Program (Triple-P)® during the first six months of Family Reunification services. Triple P is a strength-based, multi-level parenting model on that aims to enhance the knowledge, skills and confidence of parents. This model promotes self sufficiency by promoting parental problem solving, self confidence that the parent can overcome behavioral challenges of their children, provides tools and skills to assist parents in changing their parenting practices.
- **High Risk Team Meetings** - This service was developed in response to requests from foster and adoptive parents. A specialized case manager and high-risk team focused on early identification of high-risk children. They worked closely with care providers and social workers to access needed services. Shasta County Probation also had opportunity to utilize this program to improve permanency outcomes for probation wards.
- **Providing support services for high risk pregnant women.** Coordination hospital Social Worker to do an assessment of pregnant women with identified high risk factors during pregnancy (including the use of illegal substances during pregnancy, domestic violence, prior removal of other children by CFS and current or past CFS involvement). The goals of these assessments include: offering preventative services to the client such as referrals to community resources, obtaining necessary releases of information in order to expedite the referral and investigative process and to allow for the sharing of pertinent information amongst providers, and explaining the Child Welfare investigative process in an attempt to alleviate anxiety in the client prior to delivery.

- SafeCare®, an in-home parent-training program to prevent child maltreatment, is a behavioral skill-based model focused on skills related to neglect and abuse – health, safety, parent-child interactions and structured problem solving. SafeCare® has been provided to Differential Response recipients, voluntary and court ordered Family Maintenance cases and reunifying families when children begin trial home placements.
- Supporting Father Involvement (SFI) – the SFI program is a family focused, evidenced-based, clinical intervention aimed at effectively engaging fathers as key participants in family support and strengthening.
- Family Finding - Increase family finding efforts and relative engagement at the front end of Child Welfare Services and Juvenile Probation Intake. Social workers and juvenile probation officers can increase options for children who are unsafe in their parents' home when family finding support services are available. Relatives and non-relative extended family members can offer solutions to reduce foster care placement by creating safety and support prior to a court intervention.
- Family Team Meetings - Increase parents/family engagement through Participatory Case Planning including Family Team Meetings. Engaging parents/families immediately can help the social workers to address the needs of the children as well as placement resources. Engaging parents/families early on in the development of their case plan can prevent or reduce the time children spend in foster care.
- Safety Organized Practice (SOP) - SOP includes SDM, SOS, plus trauma-informed practice. SOP is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children.

**Probation:**

The funds were used for the “Parent Project” and Courage to Change programs. These programs were put in place to develop a team approach with parents and probation officers, while minors also learn to explore their own thinking errors. Probation officers’ prior practice has been to refer minors and families out to other agencies for services rather than participating in the process. These programs ensure that all efforts are undertaken before a minor is referred for out of home placement orders. The Probation Department encourages parents whose minor is already in placement to participate in the Parent Project to help prepare them for reunification.

- Parent Project

A twelve-week, three-hour per week parent-training curriculum that teaches concrete identification, prevention, and intervention strategies for the most destructive of adolescent behaviors. Two probation officers work with the parents as a team, not as just facilitators of the program. Dinner is provided as a positive reinforcement for the parents’ participation. Probation also purchased the workbooks for the parents who are unable to do so. The outcome will be that parents feel supported by the juvenile

justice system and are part of a team approach to better address the needs of the family.

- Forward Thinking Journaling

An evidenced-based Cognitive Behavioral Therapy (CBT) journaling and discussion course designed to develop the minor's ability to plan for better decision-making. This course part discussion, part journaling, some homework and group role play. The course is designed to improve decision-making skills, therefore lowering the minor's risk to re-offend.

- Thinking For a Change (T4C)

An evidence-based, integrated, cognitive behavioral change program for offenders that includes cognitive restructuring, social skills development, and development of problem solving skills. Cognitive self-change teaches individuals a concrete process for self-awareness aimed at uncovering risky thoughts, feelings, attitudes, and beliefs. It is taught by using the simple principle that our thinking controls our behavior and to change our behavior, we must change our thinking.

The Probation Department has contracted with a local provider for T4C. Social skills instruction prepares participants to engage in pro-social interactions based on self-awareness and consideration of the impact their actions will have on others. Participants learn how to actively listen, ask questions, appropriately respond to others' anger, give feedback to others; effectively communicate apologies, negotiate, effectively communicate a complaint, understand the feelings of others, and recognize one's own feelings.

